

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**PUBLIC HOUSING RESIDENT
OPPORTUNITIES AND SELF-
SUFFICIENCY (ROSS) PROGRAM**

Billing Code 4210-32-C

Funding Availability for Public and Indian Housing Resident Opportunities and Self Sufficiency (ROSS) Program

Program Overview

Purpose of Program. The purpose of the Public and Indian Housing Resident Opportunities and Self Sufficiency (ROSS) Program is to provide grants to Public Housing Agencies, tribes/Tribally Designated Housing Entities (TDHEs), Resident Organizations and nonprofits, including grassroots, faith-based and other community based organizations for the delivery and coordination of supportive services and other activities designed to help Public and Indian housing residents attain economic self-sufficiency.

Available Funds. A total of \$49,675,000 is available for funding in

Fiscal Year 2003. Of this, \$14,902,500 is allocated to Neighborhood Networks.

Transfer of Funds. HUD may transfer funds between the two Resident Service Delivery Models (RSDM) programs and the Homeownership Supportive Services program in the event that funds in one or more categories are remaining after all qualified applications have been funded. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services (HSS), second priority to RSDM-Family and third priority to RSDM-Elderly. HUD does not have the discretion to transfer funds for the Neighborhood Networks category to any other funding category within this NOFA. If remaining funds under the Neighborhood Networks funding category are too small to make an award, they will be used to partially fund

applications in rank order regardless of region in the existing center category.

Match. At least 25 percent of the grant amount is required as the grant match.

Eligible Applicants. Eligible applicants are Public Housing Agencies (PHAs), tribes/TDHEs, resident management corporations (RMCs), resident councils (RCs), resident organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs) and nonprofits including grassroots, faith-based and other community based organizations that have resident support or the support of tribes. Tribes and TDHEs are not eligible for the Neighborhood Networks funding category. The following chart summarizes the funding categories available under ROSS, eligible applicants and application procedures.

Grant	Eligibility	Application procedure
Resident Services Delivery Model-Family (RSDM-Family).	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes, and tribally designated housing entities (TDHEs).	Submit application per SuperNOFA and Program Section requirements.
Resident Services Delivery Model-Elderly and Persons with Disabilities.	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes/TDHEs.	Submit application per SuperNOFA and Program Section requirements.
Homeownership Supportive Services (HSS).	PHAs, Resident Management Corporations (RMCs), Resident Councils (RCs), Resident Organizations (ROs), Intermediary Resident Organizations (IROs), City-Wide Resident Organizations (CWROs), nonprofits, Indian tribes/TDHEs.	Submit application per SuperNOFA and Program Section requirements.
Neighborhood Networks (NN)	PHAs and nonprofits with expertise in this area	Submit application per SuperNOFA and Program Section requirements.
Service Coordinator	PHAs which were recipients of this grant in FY1995.	Renewal Program only. New applications will not be considered. Grantees will not go through the SuperNOFA process. HUD will send a letter to 1995 grantees indicating procedure for applying.

Number of Applications Permitted.

General. Applicants including PHAs, tribes/TDHEs, ROs, RCs, and nonprofits, including grassroots, faith-based or other community-based organizations that have resident support or the support of tribes may submit an application for more than one funding category, however applicants must submit separate applications for each funding category. NOTE: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded. Nonprofits may submit more than one application provided that they

will be serving residents of distinct Public Housing Authorities.

Joint applications. Two or more applicants may join together to submit a joint application for proposed grant activities. Joint applications must designate a lead applicant. Both lead and non-lead applicants are subject to threshold requirements. Joint applications may include PHAs, RAs, IROs, Tribes/TDHEs, and nonprofit entities on behalf of resident organizations. Joint applications involving nonprofits must also provide evidence of resident support. The maximum funding for joint applications cannot exceed the amount of funding applicants would have collectively received had they applied individually.

Grant term. The grant term for funding for each funding category under

the ROSS program is thirty-six months from the execution date of the grant agreement.

Extensions. The field office may grant one six-month extension, as long as the request for an extension occurs no less than one year of grant expiration. Other extensions require approval from the Deputy Assistant Secretary for the Office of Public Housing and Voucher Programs.

Additional Information

If you are interested in applying for funding under any of these funding categories, please carefully review the application requirements provided for each grant category below.

I. Application Due Date, Required Forms, Security Procedures, Further Information and Technical Assistance

Application Due Date. The application due dates for each of the ROSS funding categories follows below:
Neighborhood Networks: May 27, 2003.

Resident Service Delivery Models-Elderly/Persons with Disabilities: June 11, 2003.

Resident Service Delivery Models-Family: June 19, 2003.

Homeownership Supportive Services: July 7, 2003. *Application Kits.* Application kits will not be used this year.

Required Forms. In addition to the forms required in the General Section of the SuperNOFA, there are ROSS forms that are required. Please see Section VIII and Appendix B of this NOFA for more information on form submission.

Mailing and Receipt Procedures.

Please refer to the General Section of the SuperNOFA for mailing and receipt procedures.

Proof of Timely Submission. Please see the General Section of the SuperNOFA.

Number of Applications. Separate applications must be submitted for each ROSS funding category. Applications must be submitted in triplicate (one original and two identical copies). The original and one identical copy must be sent to the Grants Management Center by the deadline. The other identical copy must be submitted to your local HUD field office by the deadline. For tribal and TDHE applicants, both the original and two copies must be sent to the Denver Program Office of Native American Programs (DPONAP) according to the instructions in paragraph 4 below. If you do not submit the required number of copies HUD may request that you provide the additional copies to the appropriate HUD office(s) in accordance with the procedures described here in Section IX and in Section VIII of the General Section of the SuperNOFA, *Corrections to Deficient Applications.*

Addresses. When submitting your application, you must refer to the name of the program for which you are seeking funding and include the correct room number to ensure that your application is properly directed. The address to use for the GMC is the following: Grants Management Center, Mail Stop: The name of the funding category to which you are applying, 501 School Street, SW., Suite 800, Washington, DC 20024.

In the case of tribes and TDHEs, please submit your completed

application (the original and two copies) to the Denver Program Office of Native American Programs (DPONAP), 1999 Broadway, Suite 3390, Denver, CO 80202, by mail using the United States Postal Service (USPS) or it may be delivered only via the following four carrier services: United Parcel Service (UPS), FedEx, DHL, or Falcon Carrier. Delivery by these services must be made during HUD's business hours, between 8:30 AM and 5:30 PM Eastern Standard Time (or Mountain Standard Time for Tribes and TDHEs), Monday through Friday. If these companies do not service your area, you must submit your application via the USPS. Do not submit the original and or a copy of the application to the Area ONAP.

For Further Information and Technical Assistance. You may call the Public and Indian Housing Information and Resource Center at 1-800-955-2232. For the hearing or speech impaired, please call the Federal Relay Service at 1-800-877-8339. In the case of tribes/TDHEs, please contact DPONAP at 1-800-561-5913 or (303) 675-1600 (this is not a toll free number).

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD web site at <http://www.hud.gov/grants>.

II. Definition of Terms

City-Wide Resident Organization means an organization consisting of members from Resident Councils, Resident Management Corporations, and Resident Organizations who reside in public housing developments that are owned and operated by the same PHA within a city.

Community Facility means a non-dwelling structure that provides space for multiple supportive services for the benefit of public or Indian housing residents and others eligible for the services provided. Supportive services may include but are not limited to:

- (1) Job-training;
- (2) After-school activities for youth;
- (3) Neighborhood Networks (formerly Twenty/20 Education Communities (TECs), Campus of Learners activities);
- (4) English as a Second Language (ESL) classes; and
- (5) Child care.

Contract Administrator means an overall administrator and/or a financial management agent that oversees the financial aspects of a grant and assists in the entire implementation of the grant. All applicants except non-troubled PHAs, tribes and TDHEs must

submit a signed Contract Administrator Partnership Agreement with their application. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Contract Administrator Partnership Agreement included in your application.

Applicants, except non-troubled PHAs, who fail to submit a Contract Administrator Partnership Agreement will fail threshold and will not receive further consideration for funding. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the grant term will fully comply with either 24 CFR part 84 or 85. Contract Administrators may be: Local Housing Agencies; community-based organizations such as Community Development Corporations (CDCs), churches, temples, synagogues, mosques; nonprofits; state/regional associations and organizations. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. Contract Administrators may not be paid at more than the daily equivalent of the rate paid for level IV of the government's Executive Schedule.

Elderly person means a person who is at least 62 years of age.

Jurisdiction-Wide Resident Organization means an incorporated nonprofit organization or association that meets the following requirements:

(1) Most of its activities are conducted within the jurisdiction of a single housing authority;

(2) There are no incorporated Resident Councils or Resident Management Corporations within the jurisdiction of the single housing authority;

(3) It has experience in providing start-up and capacity-building training to residents and resident organizations; and

(4) Public housing residents representing unincorporated Resident Councils within the jurisdiction of the single housing authority must comprise the majority of the board of directors.

Tribally Designated Housing Entity (TDHE) is an entity authorized or established by one or more Indian tribe to act on behalf of each such tribe authorizing or establishing the housing entity.

Indian tribe means any tribe, band, nation, or other organized group of a community of Indians, including any Alaska native village or regional or village corporation as defined in or established pursuant to the Alaska

Native Claims Settlement Act, and that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to the Indian Self Determination and Education Act of 1975.

Intermediary Resident Organizations means Jurisdiction-Wide Resident Organizations, City-Wide Resident Organizations, State-Wide Resident Organizations, Regional Resident Organizations, and National Resident Organizations.

Match. All applicants are required to have in place a 25% match in cash or in-kind donations. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. For tribal and TDHE applicants, you must submit a letter of support and/or tribal resolution committing to the 25% match. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be

contingent upon letters of commitment being submitted with your application.

NAHASDA-assisted resident means a resident of an Indian tribe (as defined above) who has been assisted by the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996.

National Resident Organization (NRO) means an incorporated nonprofit organization or association for public housing that meets each of the following requirements:

(1) It is national (*i.e.*, conducts activities or provides services in at least two HUD Areas or two states);

(2) It has the capacity to provide start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the country are members of the board of directors.

Nonprofit organization. A nonprofit organization is an organization that is exempt from federal taxation. A nonprofit can be organized for the following purposes: Charitable, religious, educational, scientific, literary and others. In order to qualify, an organization must be a corporation, community chest, fund or foundation. An individual or partnership will not qualify. To obtain nonprofit status, qualified organizations must file an application with the Internal Revenue Service (IRS) and receive designation as such by the IRS. For more information, go to www.irs.gov. Applicants who are in the process of applying for nonprofit status, but have not yet received nonprofit designation from the IRS, will not be considered nonprofit organizations.

National nonprofit organizations means organizations that work on a national basis and have the capacity to mobilize resources on both a national and local level.

Past Performance is a threshold requirement. HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal/TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored

for Rating Factor 1 during the technical review process.

Person with disabilities means a person who:

(1) Has a condition defined as a disability in section 223 of the Social Security Act;

(2) Has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act; or

(3) Is determined to have a physical, mental, or emotional impairment which:

(a) Is expected to be of long-continued and indefinite duration;

(b) Substantially impedes his or her ability to live independently; and

(c) Is of such a nature that such ability could be improved by more suitable housing conditions.

The term "person with disabilities" does not exclude persons who have acquired immunodeficiency syndrome (HIV/AIDS) or any conditions arising from the etiologic agent for AIDS. In addition, no individual shall be considered a person with disabilities, for purposes of eligibility for low-income housing, solely on the basis of any drug or alcohol dependence.

The definition provided above for persons with disabilities is the proper definition for determining program qualifications. However, the definition of a person with disabilities contained in section 504 of the Rehabilitation Act of 1973 and its implementing regulations must be used for purposes of reasonable accommodations.

Project Coordinator is a person who is responsible for coordinating the proposed activities to ensure that their accomplishment will assist in achieving the overall grant goals and objectives.

Project is the same as "low-income housing project" as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437 *et seq.*) (1937 Act).

Resident Association (RA) means any or all of the forms of resident organizations as they are defined elsewhere in this Definitions section and includes Resident Councils (RC), Resident Management Corporations (RMC), Regional Resident Organizations (RRO), Statewide Resident Organizations (SRO), Jurisdiction-Wide Resident Organizations, and National Resident Organizations (NRO).

Resident Council (RC) means (as provided in 24 CFR 964.115) an incorporated or unincorporated nonprofit organization or association that shall consist of persons residing in public housing and must meet each of the following requirements in order to receive official recognition from the PHA/HUD, and be eligible to receive

funds for RC activities and stipends for officers for their related costs for volunteer work in public housing. The following also applies to resident councils:

(1) The RC must adopt written procedures such as by-laws, or a constitution, which provides for the election of residents to the governing board by the voting membership of the public housing residents. The elections must be held on a regular basis, but at least once every 3 years. The written procedures must provide for the recall of the resident board by the voting membership. These provisions shall allow for a petition or other expression of the voting membership's desire for a recall election, and set the percentage of voting membership that must be in agreement in order to hold a recall election. This threshold shall not be less than 10 percent of the voting membership.

(2) The RC must have a democratically elected governing board that is elected by the voting membership. At a minimum, the governing board should consist of five elected board members. The voting membership must consist of heads of households (any age) and other residents at least 18 years of age or older and whose names appear on a lease for the unit in the public housing that the resident council represents.

(3) The RC may represent residents residing in:

- (a) Scattered site buildings in areas of contiguous row houses;
- (b) One or more contiguous buildings;
- (c) A development; or
- (d) A combination of the buildings or developments described above.

(4) The RC must be in good standing and recognized by the PHA.

Regional Resident Organization (RRO) means an incorporated nonprofit organization or association for public housing that meets each of the following requirements:

(1) The RRO is regional (*i.e.*, not limited by HUD Areas);

(2) The RRO has experience in providing start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the region must comprise the majority of the board of directors.

Resident Management Corporation (RMC) (see 24 CFR 964.7, 964.120) means an entity that consists of residents residing in public housing and must have each of the following characteristics in order to receive official recognition by the PHA and HUD:

(1) The RMC shall be a nonprofit organization that is incorporated under the laws of the state in which it is located;

(2) The RMC may be established by more than one RC, so long as each such council:

(a) Approves the establishment of the corporation; and

(b) Has representation on the Board of Directors of the corporation.

(3) The RMC shall have an elected Board of Directors, and elections must be held at least once every 3 years;

(4) The RMC's by-laws shall require the Board of Directors to include resident representatives of each RC involved in establishing the corporation; include qualifications to run for office, frequency of elections, procedures for recall; and term limits if desired;

(5) The RMC's voting members shall be heads of households (any age) and other residents at least 18 years of age and whose names appear on the lease of a unit in public housing represented by the RMC;

(6) Where an RC already exists for the development, or a portion of the development, the RMC shall be approved by the RC board and a majority of the residents. If there is no RC, a majority of the residents of the public housing development it will represent must approve the establishment of such a corporation for the purposes of managing the project; and

(7) The RMC may serve as both the RMC and the RC, so long as the corporation meets the requirements of 24 CFR part 964 for an RC.

Resident Organization (RO) for tribal entities means an incorporated or unincorporated nonprofit tribal organization or association that meets each of the following criteria:

(1) It shall consist of residents only, and only residents may vote;

(2) If it represents residents in more than one development or in all of the developments of the tribal/TDHE community, it shall fairly represent residents from each development that it represents;

(3) It shall adopt written procedures providing for the election of specific officers on a regular basis; and

(4) It shall have democratically elected governing board. The voting membership of the board shall consist solely of the residents of the development or developments that the tribal RO represents.

Secretary means the Secretary of Housing and Urban Development.

Site-Based Resident Associations means Resident Councils or Resident

Management Corporations representing a specific public housing development.

Statewide Resident Organization (SRO) is an incorporated nonprofit organization or association for public housing that meets the following requirements:

(1) The SRO is statewide;

(2) The SRO has experience in providing start-up and capacity-building training to residents and resident organizations; and

(3) Public housing residents representing different geographical locations in the state must comprise the majority of the Board of Directors.

Tribal/TDHE Resident Group means tribal/TDHE resident groups that are democratically elected groups such as IHA-wide resident groups, area-wide resident groups, single development groups, or resident management corporations (RMCs).

III. Program Description: Resident Service Delivery Models-Family

(A) *Program Description.* The purpose of the ROSS RSDM-Family funding category is to provide funding to PHAs, tribes/TDHEs, resident organizations, nonprofits including grassroots, faith-based or other community-based organizations to create programs to help residents achieve economic self-sufficiency.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in improved economic self-sufficiency for Public or Indian housing residents.

HUD is looking for proposals that involve partnerships with organizations that will help grantees provide educational programs, housing counseling, including fair housing counseling, job training and other supportive services for residents. Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts.

(B) *Available Funding.* The amount of funding available for FY03 is \$14,345,000.

(C) *Allocation.* To the extent that there are a sufficient number of qualified applications, not less than 25 percent of funds available for RSDM-Family shall be provided directly to Resident Councils (RCs), Resident Organizations (ROs), Resident Management Corporations (RMCs), Intermediary Resident Organizations (IROs), and City-Wide Resident Organizations (CWROs). In addition, 5 percent of available funding shall be allocated to national nonprofit organizations provided there

is a sufficient number of qualified applications.

(1) *Maximum grant amount.* For PHAs applying for RSDM-Family grants, the maximum grant award will be based on the number of occupied conventional family public housing units. Tribes/TDHEs applying for RSDM-Family grants should use the computation of units for the maximum grant amount, which is outlined below.

(a) PHAs must use the number of occupied conventional family public housing units as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$250,000.

—For PHAs with 781 to 2,500 occupied conventional family public housing units, the maximum grant award is \$350,000.

—For PHAs with 2501 to 7,300 occupied conventional family public housing units, the maximum grant award is \$500,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$1,000,000.

—The maximum grant award is \$100,000 for each RA.

—Nonprofit entities that have resident support or the support of tribes or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amounts as PHAs within each category in (a) above. Tribes that have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the Tribe and are identified in their housing inventory as of September 30, 2002 for family units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time

period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.*

(1) This funding category provides grants to PHAs, tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofit entities supported by HUD, residents or tribes, to enable them to establish and implement comprehensive programs that assist residents in becoming self-sufficient.

(2) IROs with 501(c) status may apply as nonprofit entities under this funding category.

Note: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) *Eligible Activities.* This funding category is designed to provide resources that will benefit adult residents who seek to achieve economic self-sufficiency. This category is also designed to help youth residing in Public and Indian Housing succeed in school and begin planning their educational and economic future. Funds may be used for the activities described below. The eligible activities are listed below in four categories from basic to advanced: Life-Skills Training; Job Training, Job Search and Placement Assistance; Post Employment Follow-up and finally, Activities to Support Career Advancement and Long-term Economic Self-Sufficiency. Grantees are not limited to choosing one category of activities, but rather should design their programs to address the specific needs of the population they are targeting. Grantees are encouraged to pull from all categories and activities listed below:

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on supportive services programs designed for typically underserved populations. The project coordinator should be hired for the entire term of your grant. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 9 below, may not exceed 10% of the total grant amount requested from HUD. For

audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for:

(a) Marketing the program to residents;

(b) Assessing participating residents' skills and job-readiness;

(c) Assessing participating residents' needs for supportive services, e.g. child care, transportation costs, etc.

(d) Project coordinators working for tribes/TDHEs may assist the tribe or TDHE to create a Resident Group to promote self-sufficiency efforts on the reservation;

(e) Designing and coordinating grant activities based on residents' needs and the local labor market; and

(f) The project coordinator should be responsible for monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received training through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Life-skills Training for Youth and Adults.

(a) Applying for a job. Filling out employment forms; highlighting skills employers are looking for; job opportunities in the area; calculating net wages; workplace norms (appropriate dress, punctuality, respectful communication, etc.).

(b) Credit. What it means to have good credit; how to maintain good credit.

(c) Banking and Money Management. Opening a bank account; balancing a checkbook; creating a weekly spending budget; contingency planning for child care and transportation, etc.

(d) Real Life Issues. Tax forms; voter registration; lease samples; car insurance; health insurance; long-term care insurance; etc.

(e) Literacy training and GED preparation.

(f) College preparatory courses and information.

(g) Goal setting.

(h) Mentoring.

(3) Job Training, Job Search and Placement Assistance:

(a) Skills Assessment of target population.

(b) Soft skills training which includes: Problem solving and other cognitive skills; oral and written communication skills; personal qualities and work ethic; interpersonal and teamwork skills.

(c) Creating job training and placement programs with local employers.

(d) Resume writing.

(e) Interviewing techniques.

(f) Employer linkage and job placement.

Working with local employers to design and offer training that addresses their employment needs, create a job placement program that refers trained residents to participating employers and other local area employers.

(g) Establish relationships with local job placement providers. Encourage them to participate in the training and to meet with residents.

(4) Post-employment follow-up. After placing residents in jobs, follow-up and ongoing support to newly hired residents can have a significant impact on their long-term job retention. Activities can range from one-on-one meetings to weekly group sessions involving other residents who are making the same transition from welfare to work.

(5) Activities to Support Career Advancement and Long-term Economic Self-Sufficiency.

(a) Career advancement and planning programs. Such programs should be designed to:

(i) Help residents identify a career goal and a timeline for achieving it;

(ii) Provide strategies such as finding a strong professional mentor within a company; focusing on the organization's priorities.

(iii) Reinforce initial welfare-to-work programs and focus efforts on increasing residents' earning capacity. Activities can include job counseling, helping residents secure better paying jobs or jobs in better work environments, preparing for work in a new job category, obtaining additional job skills and other educational training.

(b) Working with local employers, create opportunities that combine education and job skill training with jobs. Strategies that promote work-based learning can offer the most effective method for giving new workers the tools they need to move on to a career ladder and achieve upward mobility.

(c) Individual Savings Accounts (ISAs). You may create programs that encourage residents to save and contribute to matched savings accounts such as Individual Development Accounts (IDAs). The programs should include financial counseling and education activities. ISAs may only be used for three purposes: (1) To purchase a first home; (2) receiving post-secondary education or training; or (3) starting a small business. ROSS RSDM funds can be used as matching funds for

ISAs but no more than 20% of total grant funds may be used for this purpose. You are encouraged to leverage RSDM funds by working with local financial organizations which can also contribute to residents' ISAs. FSS escrow accounts may not be used as a match for RSDM-funded ISAs. Grantees shall consult the Internal Revenue Service regarding possible tax consequences to participating residents of the ISAs.

(d) Housing Counseling for Homeownership. "Pre-purchase" homeownership counseling and training; which may include training on such subjects as credit and financial management; credit repair; housing search; how to finance purchase of a home; fair housing; Individual Development Accounts, Real Estate Settlement Procedures Act (RESPA); and home maintenance.

(6) Stipends. Stipends are an eligible use of grant funds. However, no more than \$200 of the grant award may be used per participant per month for stipends for active trainees and program participants to reimburse reasonable out-of-pocket expenses related to participation in training and other program-related activities. Reasonable costs reimbursable with stipends include such things as local transportation to and from job training and job interviews, supplemental educational materials, and child care expenses. Receipts for such expenses should be provided by the resident in order to obtain reimbursement. Stipends must be tied to residents' successful performance and regular attendance. Stipends are not considered an administrative expense and therefore are not subject to the 10% limitation on administrative costs.

(7) Hiring of Residents. Grant funds may also be used to hire a resident(s) as program staff. Residents' salaries are to come out of administrative expenses, see section 9 "Administrative Costs" below.

(8) Supportive Services.

(a) After school programs for school-age children to include tutoring, remedial training, educational programming using computers.

(b) Provision of information on the Earned Income Tax Credit Program, Food Stamps, Child Tax Credit Program, Medicaid, the State Child Health Insurance Program (S-CHIP), Student Loan Interest Deduction, tribal welfare programs, and other benefit programs that can assist individuals and families make a successful transition from welfare to work.

(c) Housing Counseling to help residents move to market rate rental housing.

(d) Transportation costs as necessary to enable participating families to receive services or commute to training or employment.

(e) Child-care provision for ROSS-RSDM program participants.

(f) Parenting courses.

(g) Nutrition courses.

(h) Healthcare information and services including referrals to mental health providers, alcohol and other drug abuse treatment programs.

(i) English as a second language (ESL) classes.

(j) Creating and maintaining linkages to local social service agencies, such as employment agencies, health departments, transportation agencies, economic/community development agencies, community colleges, recreational and cultural services, and other community organizations such as Boys & Girls Clubs, 4H-Clubs, Boy Scouts, Girl Scouts, etc.

(9) Administrative costs.

Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, salaries for resident employees hired as part of this grant program, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A-87. Please use HUD-424-CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

Activities for which costs are ineligible for funding under the RSDM-Family funding category include:

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Purchase or rental of land;

(3) New construction, materials costs;

(4) Rehab or physical improvements;

(5) Purchase or rental of vehicles; and

(6) Cost of application preparation.

(H) *Threshold Requirements.*

Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place as defined in this NOFA a firmly committed 25% match in cash or in-kind donations. Applicants who do not demonstrate the minimum

25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except non-troubled PHAs and tribes/TDHEs are required to

submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(H) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public or NAHASDA-assisted Housing. Participants in the Public or Indian Housing Family Self-Sufficiency (FSS) programs who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure

performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include a financial report (SF-269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A-110, A-87, and A-122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and DPONAP for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions and DPONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region and DPONAP until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and DPONAP and

will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) *Factors for Award Used to Evaluate and Rate RSDM-Family.* The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD Web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program

activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/Project Coordinator* (6 Points) Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs (including those listed below) designed to promote resident self-sufficiency or moving from welfare to work. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (i.e. higher incomes, higher rates of employment, increased savings, improved literacy, etc.);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, i.e. quarterly

drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local employers, libraries, community organizations, social service agencies, local colleges and universities, etc.

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic self-sufficiency; i.e. Tenant Opportunities Program; Public Housing Drug Elimination program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management.* (7 Points)

(1) *Program Administration.* (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management.* (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs, tribes and TDHEs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them;

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

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

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes

socioeconomic conditions at the local level can be found by going to the following websites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include Continuum of Care gaps analysis, law enforcement agency crime reports, academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of single-parent families, economic statistics for the local area, crime levels, etc.

(2) *Local Training Program Information* (5 points). Information on training programs currently available and easily accessible to residents either through the PHA, tribe/TDHE, or other local or state community organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the

purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness*. This subfactor evaluates whether your work plan demonstrates that your project is ready to be implemented shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution*. Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant*. (4 Points) The score in this factor will be based on the following:

(a) *Justification of expenses*. You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget Efficiency*. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Improving the Quality of Life in Our Nation's Communities* (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and training programs you will offer which can help residents successfully transition from welfare to work and earn higher wages.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. Applicants are required to create partnerships with organizations that can help achieve their program's goals. PHAs are required by QHwRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the

extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolutions must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. For tribal and TDHE applicants, you must submit a letter of support and/or tribal resolution committing to the 25% match. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (the HUD-424-CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal

professional rate for the local area or the national minimum wage rate of \$5.15 an hour (**Note:** Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26-50	10
51-75	15
76-99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: Increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (e.g. increasing assets of a household through savings), or increasing employment stability (e.g., whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: The number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall

short of established benchmarks and timeframes.

Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

IV. Program Description: Resident Service Delivery Models—Elderly and Persons With Disabilities

(A) *Program Description.* The Resident Service Delivery Models (RSDM)-Elderly and Persons with Disabilities funding category is intended to provide PHAs, Resident Management Corporations, Resident Councils, Resident Organizations, Intermediary Resident Organizations, City-Wide Resident Organizations, nonprofits and Indian tribes/TDHEs with the resources to provide and coordinate supportive services that lead elderly and/or disabled public housing residents to independent living.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in improved living conditions for the target population. HUD is looking for proposals that involve partnerships with organizations that will help grantees provide enhanced services to the elderly/persons with disabilities they will serve. Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts to assist these populations.

(B) *Available Funding.* The amount of funding available for FY03 is \$9,300,300.

(C) *Allocation.* To the extent that there are a sufficient number of qualified applications, not less than 25 percent of funds available for RSDM-Elderly and Persons with Disabilities shall be provided directly to Resident Councils (RCs), Resident Organizations (ROs), Resident Management Corporations (RMCs), Intermediary Resident Organizations (IROs), and City-Wide Resident Organizations (CWROs). In addition, 5 percent of available funding shall be allocated to national nonprofit organizations provided there is a sufficient number of qualified applications.

1. *Maximum grant amount.* For PHAs applying for the RSDM-Elderly and Persons with Disabilities funding category, the maximum grant award will be based on the number of occupied elderly and disabled conventional public housing units. Tribes/TDHEs

applying for this funding category should use the computation of units for the maximum grant amount, which is outlined below.

(a) PHAs must use the number of occupied elderly and disabled conventional public housing units as of September 30, 2002, per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For 1 to 217 units occupied by elderly residents and persons with disabilities, the maximum grant award is \$100,000.

—For 218 to 1,155 units occupied by elderly residents and persons with disabilities, the maximum grant award is \$200,000.

—For 1,156 or more units occupied by elderly residents and persons with disabilities, the maximum grant award is \$300,000.

—The maximum grant award is \$100,000 for each RA.

—Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amount of funding as PHAs within each category in (a) above. Tribes who have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the Tribe and are identified in their housing inventory as of September 30, 2002 for elderly/disabled units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.*

(1) This funding category provides grants to PHAs, tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofits, including grassroots, faith-

based and other Community-based organizations, that have resident support or have the support of tribes, so they may provide supportive services for elderly and/or disabled residents. PHAs that are recipients of the Service Coordinator grant are not eligible to apply for this ROSS funding category.

(2) IROs with 501(c) status may apply as nonprofit entities under this funding category.

Note: Applications from PHAs, tribes/TDHEs, ROs, RCs, RAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) *Eligible Activities.*

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on supportive services programs designed for elderly and/or disabled people. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 9 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator will be responsible for:

(a) Assessing participating residents' needs for supportive services (e.g. Medicaid, Medicare, physician care, food stamps, rehabilitation services, veterans disability, state-funded programs such as nurse case management, housekeeping, Meals-on-Wheels; transportation etc.);

(b) Designing and coordinating grant activities based on residents' needs;

(c) The project coordinator shall be responsible for monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received assistance through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Coordination and set up of meal services;

(3) Assistance with daily activities;

(4) Coordination and set-up of transportation services;

(5) Wellness programs including, health and nutrition programs, preventive health education, referral to rehabilitation services, services for the disabled and other community resources;

(6) Personal emergency response;

(7) Congregate services—includes supportive services that are provided in a congregate setting at a conventional public housing development;

(8) Case management; and

(9) *Administrative costs.*

Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, quality assurance, local travel, and utilities.

Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD.

Administrative costs must adhere to OMB Circular A-87. Please use HUD-424-CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

(1) Service Coordinator salary and fringe benefits;

(2) Payment of wages and/or salaries to doctors, nurses or other staff in relation to medical services provided to residents;

(3) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(4) Purchase of food;

(5) Purchase of non-prescription or prescription medications;

(6) Purchase or rental of land;

(7) New construction, materials costs;

(8) Rehab or physical improvements;

(9) Purchase or rental of vehicles; and

(10) Cost of application preparation.

(H) *Threshold Requirements.*

Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place as defined in this NOFA a firmly committed 25% match in cash or in-kind donations. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing

and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU) or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal/TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except non-troubled PHAs and tribes/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and

procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever possible, be on RO/RA letterhead.

(I) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public or Indian Housing. Participants in the Public or Indian Housing Family Self-Sufficiency (FSS) programs who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include

a financial report (SF-269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A-110, A-87, and A-122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and DPONAP for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions and DPONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region and DPONAP until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and DPONAP and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another funding category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-

Family and third priority to RSDM-Elderly.

(K) *Factors for Award Used to Evaluate and Rate RSDM-Elderly and Persons with Disabilities Applications.* The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to

be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/Project Coordinator* (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs designed to assist the elderly/persons with disabilities meet their daily living needs and enhance their access to needed services so that they can continue to reside comfortably and productively in their current living environment. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (i.e. access to a greater number of social services; improved health conditions of targeted population; less emergency care; etc.);

(2) Success in attracting and keeping residents involved in past grant program so that grant activities benefited a significant number of residents;

(3) Timely expenditure of funds throughout the term of awarded grant. Timely means regular drawdowns throughout the life of the grant, i.e. quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with other state and local social service providers, nonprofits and other organizations serving these populations; etc.

Your past experience may include, but is not limited to, running and managing programs aimed at assisting elderly/persons with disabilities who reside in low-income housing/areas such as HUD's Office of Housing's Congregate grant program. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management.* (7 Points).

(1) *Program Administration.* (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management.* (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them; and

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

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

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local

level can be found by going to the following Web sites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include Continuum of Care gaps analysis, academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A needs assessment which provides the number of residents needing assistance with activities of daily living;

(2) *Local Training Program Information* (5 points). Information on the type and number of social service programs currently available to residents either through the PHA, tribe/TDHE, or other local or state organizations. Your narrative should indicate the extent to which such programs are utilized by residents.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness.* This subfactor evaluates whether your work plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution.* Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant.* (4 Points) The score in this factor will be based on the following:

(a) *Justification of expenses.* You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget Efficiency.* You will be evaluated based on whether your application requests funds

commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Improving the Quality of Life in Our Nation's Communities* (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and services you will offer which will enhance the quality of life of the elderly/persons with disabilities.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing visiting programs, arranging holiday parties, connecting residents to transportation, and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHwRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolution must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (the HUD-424-CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area at the national minimum wage rate of \$5.15 per hour (Note: Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter

from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26-50	10
51-75	15
76-99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of

outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (*e.g.* increasing assets of a household through savings), or increasing employment stability (*e.g.*, whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes.

Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

V. Program Description: Homeownership Supportive Services

(A) *Program Description.* The Homeownership Supportive Services (HSS) category funds homeownership training, counseling and supportive services for residents of Public and Indian Housing who are participating or have participated in self-sufficiency programs, such as ROSS, Family Self-Sufficiency (FSS) or other federal, state or local self-sufficiency programs. Resident participants in any HSS-funding activity cannot be public housing residents and section 8 voucher holders concurrently. HSS is designed to enhance other self-sufficiency efforts by providing public housing residents with the necessary preparation and supportive services they need in order to move from rental housing to homeownership. PHAs, tribes/TDHEs and nonprofits specializing in homeownership training and counseling are eligible to apply.

HUD is looking for applications that implement comprehensive programs within the thirty-six month grant term which will result in increased rates of homeownership for residents of public housing. In this vein, applicants should create linkages with the following HUD homeownership programs: Housing Choice Voucher Homeownership Program, Turnkey III, HOPE I, and the Section 5(h) Homeownership Program. The Turnkey III and HOPE I grant programs are not funding new applications but grantees are still operating homeownership programs under previously awarded grants. The PHA Homeownership Program (Section 32) supercedes the Section 5(h) program and allows PHAs to sell public housing units to low-income families without special funding from HUD. In order to find out whether a PHA or other organization in your area is operating any of these programs, contact your local field office.

Tribes/TDHEs should create linkages with programs such as the Mutual Help Homeownership Opportunity Program, the Section 184 Program, and other homeownership programs developed under the Indian Housing Block Grant Program such as mortgage assistance.

HUD is also looking for proposals that involve partnerships with organizations that will enhance the services grantees will offer. Applicants are strongly encouraged to partner with HUD-approved housing counseling agencies, or other organizations that provide housing counseling services. For a list of HUD-approved housing counseling agencies, go to: <http://www.hud.gov/offices/hsg/sfh/hcc/hccprof14.cfm>.

Applicants' programs should build on the foundation created by previous ROSS grants, or other state and local self-sufficiency efforts in which their target population may have participated.

(B) *Available Funding.* The amount of funding available for FY03 is \$11,127,200.

(C) *Allocation.* To the extent that there are a sufficient number of qualified applications, not less than 5 percent of funds available for ROSS shall be provided to national nonprofit organizations which specialize in designing and delivering homeownership programs for low-income individuals and families.

1. *Maximum grant amount.* For PHAs applying for the HSS funding category, the maximum grant award will be based on the number of occupied conventional family public housing units.

(a) PHAs must use the number of occupied conventional family public housing units as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$250,000.

—For PHAs with 781 to 2,500 occupied conventional family public housing units, the maximum grant award is \$350,000.

—For PHAs with 2,501 to 7,300 occupied conventional family public housing units, the maximum grant award is \$500,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$1,000,000.

—Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(b) Tribes/TDHEs should use the number of units counted as Formula Current Assisted Stock for Fiscal Year 2002 as defined in 24 CFR 1000.316. Tribes/TDHEs are eligible for the same amounts as PHAs within each category in (a) above. Tribes that have not previously received funds from the Department under the 1937 Housing Act should count housing units under management that are owned and operated by the tribe and are identified in their housing inventory as of

September 30, 2002 for family units. Tribes should clearly indicate the number of units under management on the Fact Sheet.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.*

This funding category provides grants to PHAs, tribes/TDHEs and qualified nonprofits so they may provide homeownership training and supportive services to residents of public housing.

Note: Applications from PHAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(1) PHA applicants must have a Homeownership Voucher program as stated in 24 CFR 982.625 *et seq.* (65 FR 55163). Those PHAs that have not elected to provide assistance under the Homeownership Voucher option and receive funding under this category, will be required to implement the Homeownership Voucher program and make such option available to eligible families who participate in this ROSS activity.

(2) In applying for HSS, PHA applicants will be required to offer a minimum of 10 housing choice vouchers per year for eligible residents described above.

(3) Tribal/TDHE applicants must have a Low-income Homeownership Program outlined in its current Indian Housing Plan.

(4) In applying for HSS, Tribes/TDHEs will be required to provide homeownership assistance to a minimum of 10 eligible families as described above.

(F) *Eligible Activities.* Under this funding category, applicants will develop homeownership training programs and supportive services based on needs assessments of the residents they intend to serve. Eligible activities include, but are not limited to:

(1) Hiring of a qualified project coordinator to run the grant program. A qualified project coordinator is someone with at least two years of experience working on homeownership and supportive services programs designed for typically underserved populations. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project

coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 4 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for:

(a) Assessing participating residents' needs;

(b) Designing and coordinating grant activities based on residents' needs;

(c) Monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received assistance through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Training to include:

- a. Asset building;
- b. Credit counseling and credit scoring;
- c. Financial literacy and management;
- d. Selecting a real estate broker;
- e. Choosing a lender;
- f. Appraisals;
- g. Home inspections;
- h. Avoiding delinquency and predatory lending;
- i. Foreclosure prevention;
- j. Home maintenance and financial management for first-time homeowners;
- k. Real Estate Settlement Procedures Act (RESPA); and
- l. Fair Housing Counseling.

(3) *Individual Savings Accounts (ISAs).* You may create programs that encourage residents to save and contribute to matched savings accounts such as Individual Development Accounts (IDAs). ISAs may be used for escrow accounts, downpayment assistance and closing costs only. HSS funds can be used as matching funds for ISAs but no more than 20% of total grant funds may be used for this purpose. You are encouraged to leverage HSS funds by working with local financial organizations which can also contribute to residents' ISAs. FSS escrow accounts may not be used as a match for HSS-funded ISAs. FSS residents are not eligible to participate in the ISA provision.

(4) *Administrative costs.*

Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, quality assurance, local travel, and utilities.

Nonprofit organizations only may use administrative funds to pay for rental of space. Administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A-87. Please use HUD-424-CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Stipends;

(3) Down payment assistance;

(4) Revolving loan funds;

(5) Purchase or rental of land;

(6) New construction, materials costs;

(7) Rehab or physical improvements;

(8) Purchase or rental of vehicles; and

(9) Cost of application preparation.

(H) *Threshold Requirements.*

Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place a firmly committed 25% match in cash or in-kind donations as defined in this NOFA. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, Memoranda of Understanding (MOU), or tribal resolution must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs/tribal resolutions must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration

of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support/tribal resolution indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. The DPONAP will review past performance for tribal and TDHE submissions. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except nontroubled PHAs and tribe/TDHEs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(I) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of

conventional public housing or NAHASDA-assisted housing. This funding category is targeted to the population of public housing residents that were recipients/beneficiaries of previously awarded ROSS grants, other state or local self-sufficiency programs, and/or participate or participated in the public housing Family Self Sufficiency Program. Resident participants in any HSS-funding activity cannot be public housing residents and section 8 voucher holders concurrently.

(b) ROSS families or FSS residents to be targeted for proposed grant activities must meet the following eligibility requirements:

(i) Achieve a level of income within the acceptable range for the local minimum income for home purchases in the local area; and

(ii) Currently reside in public housing.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) *Partnering.* Applicants should partner with local schools, libraries, businesses, banks, employment agencies, housing counseling agencies (preferably HUD-approved), state and local social service agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(4) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(5) *Final Report.* The grantees shall submit a final report which will include a financial report (SF-269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary

of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(6) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A-110, A-87, and A-122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: a screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they may be transferred to another funding category. If transfer of funds does become necessary, HUD will give first priority to Homeownership Supportive Services, second priority to RSDM-Family and third priority to RSDM-Elderly.

(K) *Factors for Award Used to Evaluate and Rate Homeownership Supportive Services Applications.* The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus

points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD Web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses whether the applicant has the organizational resources necessary to successfully implement the proposed activities within the grant period. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) *Proposed Program Staffing* (7 Points).

(1) *Staff Experience* (4 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of points you will receive for this rating factor. The following information should be provided in order to provide

HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience; and

(c) Relevant and successful experience running programs whose activities are similar to the eligible program activities described in this grant category.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/Project Coordinator* (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs designed to promote resident self-sufficiency, moving from welfare to work or homeownership. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (*i.e.* higher incomes, higher rates of employment, increased savings, moving out of subsidized housing to market-rate housing, homeownership etc.);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local housing groups, employers, community organizations, social service agencies, etc.

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income

housing achieve economic self-sufficiency; *i.e.* Tenant Opportunities Program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) *Program Administration and Fiscal Management*. (7 Points)

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management*. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(i) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(ii) List any audit findings (HUD Inspector General, management review, fiscal, etc.), material weaknesses and what you have done to address them; and

(iii) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

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

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: www.bls.gov (Bureau of Labor Statistics) or www.census.gov (US Census). Other types of sources include academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of single-parent families, economic statistics for the local area, crime levels, etc.

(2) *Local Training Program Information* (5 points). Information on training programs currently available and easily accessible to residents either through the PHA or other state or local organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. NOTE: Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed work plan. Your work plan must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Work Plan* (18 points). This factor evaluates both your work plan and your budget and will be

evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your narrative must describe the specific services and activities you plan to offer and who will be responsible for each. You must also provide a work plan which will enumerate the specific services and activities and outcomes you expect. Please see a sample work plan in Appendix B. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing homeownership opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your work plan is logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness*. This subfactor evaluates whether your work plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months following the execution of the grant agreement. Your work plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution*. Your work plan will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant*. (4 Points). The score in this factor will be based on the following:

(a) *Justification of expenses*. You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) *Budget efficiency*. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved.

Your narrative and work plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Providing Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency* (5 points). In order to receive points in this category, your narrative and work plan must indicate the types of activities and training programs you will offer which can help residents successfully transition from subsidized housing to market-rate rental housing or homeownership.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and work plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one grant ROSS grant, you must use different sources of match donations

for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of Understanding (MOU), or tribal resolutions must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs/tribal resolution must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget forms (the HUD-424CB) to list the sources and amount of each match. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(A) Volunteer time and services shall be computed by using the normal professional rate for the local area or the national minimum wage rate of \$5.15 per hour (Note: Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services,

contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26-50	10
51-75	15
76-99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable, outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (e.g. increasing assets of a household through savings), or increasing employment stability (e.g., whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes. Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

VI. Program Description: Neighborhood Networks

(A) Program Description.

This funding category provides grants to PHAs and qualified nonprofit organizations to (1) update, maintain and expand existing Neighborhood Networks/community technology centers; or (2) establish new Neighborhood Networks (NN) computer

technology centers. NN centers provide computer and Internet access to public housing residents and offer a full range of supportive services. Applicants should submit proposals that will: Provide job training, reduce welfare dependency; promote economic self-sufficiency; increase the use of computer technology; expand educational opportunities for residents; develop access to health and nutrition information; and meet other needs of residents. All applicants must complete a Business Plan (see sample provided in Appendix B) covering the thirty-six month grant term. Applicants' business plan and narrative must indicate how the centers will become self-sustaining after the grant term expires.

An existing computer center is: (1) A computer lab, or community technology center already owned and operated by a PHA or nonprofit which serves residents of public housing and which has not received prior Neighborhood Networks funding and therefore is not officially designated a HUD Public & Indian Housing (PIH) Neighborhood Networks center; or (2) a computer lab officially designated a HUD PIH Neighborhood Networks center by virtue of prior funding received under this grant program.

A new computer center is one that: (1) Is not operational; (2) in development; and/or (3) needs funding under this grant program to become fully operational and serve residents of public housing.

HUD is looking for applications that implement comprehensive programs within the grant term which will result in improved economic self-sufficiency for public housing residents. HUD is looking for proposals that involve partnerships with organizations that will help supplement and enhance the services grantees' offered to residents.

Proposed grant activities should build on the foundation created by previous ROSS grants or other federal, state and local self-sufficiency efforts.

(B) *Available Funding.* The amount of funding available for FY03 is \$14,902,500.

(C) *Allocation.* Fifty percent of available funding for NN will provide grants for updating, maintaining and expanding existing computer technology centers. The other 50% will provide grants to establish and operate new Neighborhood Networks centers. Five percent of available funding shall be provided to national nonprofit organizations provided there is a sufficient number of qualified applications.

(1) *Maximum Funding Amount.* To update, maintain and expand existing

computer technology centers, PHAs must use the number of occupied conventional family public housing units they have as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below. PHAs should clearly indicate the number of units under management on the Fact Sheet.

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$50,000.

—For PHAs with 781 to 7,300 occupied conventional family public housing units, the maximum grant award is \$100,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$200,000.

—Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(2) For new NN centers, PHAs must use the number of occupied conventional family public housing units they have as of September 30, 2002 per their budget to determine the maximum grant amount they are eligible for in accordance with the categories listed below for families:

—For PHAs with 1 to 780 occupied conventional family public housing units, the maximum grant award is \$150,000.

—For PHAs with 781 to 7,300 occupied conventional family public housing units, the maximum grant award is \$250,000.

—For PHAs with 7,301 or more occupied conventional family public housing units, the maximum grant award is \$450,000.

—Nonprofit entities that have resident support or RAs/ROs are limited to \$100,000 for each RA/RO. A nonprofit may submit a single application for no more than three different RAs from the same PHA for a maximum grant award of \$300,000. Nonprofits may submit more than one application provided they target residents of distinct PHAs.

(D) *Deobligation of Funds.* HUD may deobligate amounts for the grant if proposed activities are not initiated or completed within the required time period after the effective date of the award. The grant agreement will set forth in detail circumstances under

which funds may be deobligated and other sanctions imposed.

(E) *Eligible Applicants.* Public Housing Authorities and nonprofit organizations that have a demonstrated expertise in developing and managing community technology centers are eligible to apply for this funding category. Tribes/TDHEs are not eligible to apply for this funding category.

Note: Applications from PHAs and nonprofit organizations targeting the same public housing development/population will not all be funded. HUD suggests that in these cases, applicants work together to submit one application. Otherwise, the highest scoring application will be funded.

(F) *Eligible Activities.*

Programs offered by Neighborhood Networks centers shall be designed to meet residents' needs; be geared towards helping residents transition from welfare to work; assist school-age children and youth with homework; provide guidance and preparatory programming to high school students (or other interested residents) for post-secondary education (college or trade schools); offer life-skills and job training for youth, adults and seniors; provide health care information; and other services as deemed necessary by results obtained from resident surveys.

Neighborhood Networks centers should be located within a public housing development, on PHA land or within reasonable walking distance to the PHA development(s) being served by the center.

Neighborhood Networks will use computers, software and Internet connectivity and should provide the following array of supportive services:

(1) Hiring of a qualified Project Coordinator to run the grant program. A qualified Project Coordinator should have two years of experience running a community technology center. The Project Coordinator should be hired for the entire term of your grant. The ROSS program will fund up to \$62,500 in combined annual salary and fringe benefits for a full-time project coordinator. However, the project coordinator's salary and administrative costs may not exceed more than 30% of the total grant amount. Other administrative costs, see paragraph 17 below, may not exceed 10% of the total grant amount requested from HUD. For audit purposes, applicants must have documentation on file demonstrating that the salary they pay the project coordinator is comparable to similar professions in their local area. The project coordinator should be responsible for ensuring that the center's programs achieve your proposal's goals and objectives. In

addition, the project coordinator should be responsible for the following activities:

(a) Marketing the program to residents;

(b) Assessing participating residents' needs, interests, skills and job-readiness;

(c) Assessing participating residents' needs for supportive services, e.g. childcare, transportation.

(d) Designing and coordinating grant activities based on residents' needs; and

(e) Monitoring the progress of program participants and evaluating the overall success of the program. A portion of grant funds should be reserved to ensure that evaluations can be completed for all participants who received training through this program. For more information on how to measure performance, please see Rating Factor 5.

(2) Life skills training: How to apply for a job; credit worthiness; opening a bank account; balancing a checkbook; creating a weekly spending budget; contingency planning for child care and transportation;

(3) Real Life Issues: Tax forms; voter registration; lease samples; fair housing; car insurance; health insurance; long-term care insurance;

(4) Literacy training and GED preparation;

(5) Computer training, from basic to advanced;

(6) College preparatory courses and information;

(7) Goal setting: Working with residents to define their professional, educational, economic goals;

(8) Mentoring;

(9) Job Training: Oral and written communication skills; work ethic; interpersonal and teamwork skills; resume writing; interviewing techniques, creating job training and placement programs with local employers and placement agencies; and post-employment follow-up to assist residents who are new to the workplace.

(10) Supportive Services such as transportation, healthcare information and services including referrals to mental health providers, alcohol and other drug abuse treatment programs, childcare, parenting courses, and other services needed by residents.

(11) *Physical improvements.* Physical improvements must directly relate to providing space for Neighborhood Networks Center activities. Renovation, conversion, wiring, and repair costs may be essential parts of physical improvements. In addition, architectural, engineering, and related professional services required to prepare architectural plans or drawings, write-

ups, specifications or inspections may also be part of the cost components to implement physical improvements. For new centers, expenses for physical improvements may not exceed 20 percent of the total grant amount. For existing centers, expenses for physical improvements may not exceed 10 percent of the total grant amount.

Modifications to create a space that is accessible to persons with disabilities is an eligible use of funds. Refer to Office of Management and Budget (OMB) Circular A-87, Cost Principles for state, local and Indian tribal Governments. All renovations must meet appropriate accessibility requirements, including Section 504 requirements at 24 CFR part 8, Architectural Barriers Act at 24 CFR part 40, the Americans with Disabilities Act and the Fair Housing Act. Compliance with The Uniform Federal Accessibility Standards shall be deemed to comply with the requirements of 24 CFR 8.21, 8.22, 8.232, and 8.25 with respect to buildings.

(a) The renovation, conversion, or joining of vacant dwelling units in a PHA development to create appropriate space for the equipment needs and activities of an NN center (computers, printers, and office space) are eligible activities for physical improvement.

(b) The renovation, conversion of existing common areas in a PHA development to accommodate an NN center is eligible.

(c) If renovation, conversion, or repair is done off-site, the PHA must provide documentation that it has control of the proposed property for not less than 3 years and preferably for 4 years or more. Control can be demonstrated through a lease agreement, ownership documentation, or other appropriate documentation.

(12) *Maintenance and insurance costs.* Include installing, training, and maintaining the hardware and software as well as insurance coverage for the space and equipment. Costs of computer hardware and software necessary to accommodate the needs of persons with disabilities are an eligible cost for this funding category.

(13) *Purchase of computers, printers, software and other peripheral equipment;*

(14) *Security and related costs.* Includes space and minor refitting, locks, and other equipment for safeguarding the center.

(15) *Resident development and training courses.* These courses may be on disk, CD-ROM through the Web, and/or presented live. Programs should be designed to address job training, life-skills, educational needs of residents (youth and adults) and other interests/

needs of residents as determined by an assessment of residents conducted by the applicant.

(16) *Distance learning equipment.* Distance learning equipment (including the costs for video casting and purchase/lease/rental of distance learning equipment) is an eligible use of funds provided your proposal indicates that the center will be working in a virtual setting with a college, university or other educational organization. If you operate more than one center, distance learning equipment can be used to link one or more centers so that residents using the different centers can benefit from courses being offered at only one site.

(17) *Administrative costs.* Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, salaries for resident employees hired as part of this grant program, quality assurance, local travel, and utilities. Nonprofit organizations only may use administrative funds to pay for rental of space. For existing NN centers, administrative costs must not exceed 10 percent of the total grant amount requested from HUD. Administrative costs must adhere to OMB Circular A-87. Please use HUD-424-CBW to itemize your administrative costs.

(G) *Ineligible Activities.*

(1) Payment of wages and/or salaries to participants receiving supportive services and/or training programs;

(2) Purchase or rental of land;

(3) Purchase or rental of vehicles; and

(4) Cost of application preparation.

(H) *Threshold Requirements.*

Applicants must respond to threshold requirements clearly and thoroughly by following the instructions below. If your application fails one threshold requirement (regardless of the type of threshold) it will be considered a failed application and will not be reviewed further.

(1) *Match.* All applicants are required to have in place a firmly committed 25% match in cash or in-kind donations as defined in this NOFA. Applicants who do not demonstrate the minimum 25% match will fail this threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Match donations must be firmly committed. "Firmly committed" means that the amount of match resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of

Understanding (MOU) must be on organization letterhead, and signed by a person authorized to make the stated commitment whether it be in cash or in-kind services. The letters of commitment/MOUs must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If volunteer time is being committed it should be calculated using the number of hours to be committed and multiplied by either the normal professional rate for the local area or the national minimum wage rate of \$5.15/hour. The commitment should be in place at time of award and should be for the duration of the grant. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate the HUD-424-CB to list the sources and amount of each match for the duration of the grant term. Grant awards shall be contingent upon letters of commitment being submitted with your application.

(2) *Past Performance.* HUD's field offices will evaluate applicants for past performance to determine whether an applicant has the capacity to manage the grant for which they are applying. Using Rating Factor 1, the field office will evaluate applicants' past performance. Applicants should carefully review Rating Factor 1 to ensure their application addresses each of the criteria requested therein. If applicants fail to address what is requested in Rating Factor 1, their application will fail threshold and will not receive further consideration. If applicants pass threshold, they will go on to be scored for Rating Factor 1 during the technical review process.

(3) All applicants except nontroubled PHAs are required to submit a signed Contract Administrator Partnership Agreement. The agreement must be for the thirty-six month duration of the grant term. Your grant award shall be contingent upon having a Partnership Agreement included in your application. The Contract Administrator must assure that the financial management system and procurement procedures that will be in place during the thirty-six month grant term will fully comply with either 24 CFR part 84 or 85. Troubled PHAs are not eligible to be Contract Administrators. Grant writers who assist applicants prepare

their ROSS applications are also ineligible to be Contract Administrators. See the definition in Section III of Contract Administrator for more information.

(4) Nonprofit applicants must include letters from Resident Organizations (RO), Resident Associations (RA) indicating that the ROs/RAs you will be working with support your application. Letters from ROs/RAs must be signed by a person authorized to sign for the organization and should, whenever be possible, be on RO/RA letterhead.

(I) *Program Requirements.*

(1) *Eligible Participants.* All program participants must be residents of conventional public Housing. Participants in the Public Housing Family Self-Sufficiency (FSS) program who are residents of public housing (non Housing Choice Voucher Program) are also eligible to participate in activities funded under this category.

(2) *Resident Assessment.* Applicants are required to assess residents' needs and interests so that program activities are designed to address their needs.

(3) Applicants shall submit a business plan with their application (see Appendix B for a sample) which shall indicate level and type of expenditures over the three year grant term, contributions from partners, and efforts applicants will make to ensure the NN center will be sustainable once the grant term expires.

(4) *Partnering.* Applicants should partner with local businesses, schools, libraries, banks, employment agencies, or other organizations which will help applicants deliver supportive services and fulfill residents' needs. These organizations can provide additional expertise, volunteers, office supplies, training materials, software, equipment, and other resources.

(5) *Performance Reports.* The grantee shall submit semi-annual performance reports to the field office. These progress reports shall include financial reports (SF-269A) and a narrative describing milestones, work plan progress, and problems encountered and methods used to address these problems. HUD anticipates that some of the reporting of financial status and grant performance will be through Internet-based submissions. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. Performance reports are due to the field office on July 30 and January 31 of each year. If reports are not received by the due date, grant funds will not be advanced until reports are received.

(6) *Final Report.* The grantees shall submit a final report which will include

a financial report (SF-269A) and a narrative evaluating overall performance against its work plan. Grantees shall use quantifiable data to measure performance against goals and objectives outlined in its work plan. The financial report shall contain a summary of all expenditures made from the beginning of the grant agreement to the end of the grant agreement and shall include any unexpended balances. The final narrative and financial report shall be due to the field office 90 days after the termination of the grant agreement.

(7) *Final Audit.* Grantees are required to obtain a complete final close-out audit of the grant's financial statements by a Certified Public Accountant (CPA), in accordance with generally accepted government audit standards. A written report of the audit must be forwarded to HUD within 60 days of issuance. Grant recipients must comply with the requirements of 24 CFR part 84 or 24 CFR part 85 as stated in OMB Circulars A-110, A-87, and A-122, as applicable.

(J) *Application Selection Process.*

(1) Four types of reviews will be conducted: A screening to determine if you are eligible to apply for this funding category; whether your application submission is complete, on time and meets threshold; a review by the field office to evaluate past performance; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 75 is required for the application to be considered for funding.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. If remaining funds are too small to make an award, they will be used to partially fund applications in rank order regardless of region in the existing center category.

(L) *Factors for Award Used to Evaluate and Rate Neighborhood Networks Applications.* The factors for rating and ranking applicants and

maximum points for each factor are provided below. The maximum number of points available for this program is 102. This includes two RC/EZ/EC bonus points, as described in the General Section of the SuperNOFA. The SuperNOFA contains a certificate that must be completed in order for the applicant to be considered for RC/EZ/EC bonus points. A listing of federally designated RCs, EZs, ECs, EECs and Strategic Planning Communities is attached to the General Section of the SuperNOFA as Appendix A-2 and is also available from the SuperNOFA Information Center, and the HUD Web site, www.hud.gov.

Note: Applicants should carefully review each rating factor before writing a response. Applicants' narratives should be as descriptive as possible, ensuring that every requested item is addressed. Applicants should make sure to include all requested information, according to the instructions found in Section VIII of this NOFA. This will help ensure a fair and accurate review of your application. Applications must not be longer than 30 narrative pages. Supporting documentation and certificates will not be counted towards the 30 page limit. However, applicants should make every effort to submit only what is necessary in terms of supporting documentation.

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. In rating this factor HUD will consider the extent to which the proposal demonstrates that the applicant will have qualified and experienced staff dedicated to administering the program.

(A) Proposed Program Staffing (12 Points)

(1) *Staff Experience* (9 Points). The knowledge and experience of your proposed project coordinator, staff, subcontractors, and partners in planning and managing programs for which funding is being requested. Experience will be judged in terms of recent, relevant and successful experience of your staff to undertake eligible program activities. In rating this factor, HUD will consider experience within the last 5 years to be recent; experience pertaining to the specific activities being proposed to be relevant; and experience producing specific accomplishments to be successful. The more recent the experience and the more experience your own staff members who work on the project have in successfully conducting and completing similar activities, the greater the number of

points you will receive for this rating factor. If your proposed staff has experience working in both computer-related and social service programs, you will receive a maximum score. If your staff has experience in only one area, you will receive 2 points. If your staff has experience in neither area, you will receive a score of 0 for this subfactor.

The following information should be provided in order to provide HUD an understanding of your staff's experience and capacity:

(a) The number of staff years (one staff year = 2080 hours) to be allocated to your program by each employee or expert as well as each of their roles in the program;

(b) The staff's relevant educational background and/or work experience;

(c) Relevant and successful experience running programs whose activities include social services and computer programs that are similar to the eligible program activities described in this grant category;

(d) Another five points will be awarded if applicants commit to hiring 1-3 residents. Small PHAs should hire one person, medium PHAs should hire 1-2 people, and large PHAs should hire 3 people. In the case of large and medium PHAs, one hired resident should be 17 years of age or younger. Residents' salaries must be paid as administrative expenses, see section F(17) above.

(2) *Staff Capacity* (3 Points). You will be evaluated based on whether you, your subcontractors and partners have sufficient personnel or will be able to quickly access enough qualified experts or professionals, to deliver the proposed activities in a timely and effective fashion. Your ability to immediately begin the proposed work program will also be evaluated. Attach resumes or position descriptions (where staff is not yet hired) for all key personnel. (Resumes do not count toward the 30-page limit.)

(B) *Past Performance of Applicant/Project Coordinator* (6 Points). Your narrative must describe how you (or your proposed Project Coordinator) successfully implemented grant programs (including those listed below) designed to promote resident self-sufficiency or moving from welfare to work. You will be evaluated according to the following criteria:

(1) Achievement of specific measurable outcomes and objectives in terms of benefits gained by participating residents (*i.e.* higher incomes, improved grades, higher rates of employment, increased savings, improved literacy, *etc.*);

(2) Success in attracting and keeping residents involved in past grant programs so that grant activities benefited a significant numbers of residents;

(3) Timely expenditure of funds throughout the term of the grant. Timely means regular drawdowns throughout the life of the grant, *i.e.* quarterly drawdowns, with all funds expended by the end of the grant term;

(4) Leveraging of funding or in-kind services beyond that which was originally proposed to be used for past projects;

(5) Long-term partnerships formed with local businesses, employers, libraries, community organizations, social service agencies, local colleges and universities, *etc.*

Your past experience may include, but is not limited to, programs aimed at assisting residents of low-income housing achieve economic self-sufficiency; *i.e.* Tenant Opportunities Program and Youthbuild. Your narrative must indicate the grants, grant amounts, grant terms and grant sources which you are counting towards past experience.

(C) Program Administration and Fiscal Management. (7 Points)

(1) *Program Administration*. (4 Points). Describe how you will manage the program; how HUD can be sure that there is program accountability; and describe staff's roles and responsibilities.

(2) *Fiscal Management*. (3 Points). In rating this factor, your skills and experience in fiscal management will be evaluated. If you have had any audit or material weakness findings, you will be evaluated on how well you have addressed them. You must provide the following:

(a) A complete description of your fiscal management structure, including fiscal controls you have in place including those of a Contract Administrator for all applicants except non-troubled PHAs;

(b) List any audit findings (HUD Inspector General, management review, fiscal, *etc.*), material weaknesses and what you have done to address them; and

(c) For applicants who are required to have a Contract Administrator, describe the skills and experience your Contract Administrator has in managing federal funds.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding your proposed program and your indication of the importance of meeting the need in the target area. In responding to this

factor, you will be evaluated on the extent to which you describe and document the level of need for your proposed activities and the urgency in meeting the need.

You should use statistics and analyses contained in data source(s) that are sound and reliable. Data that describes socioeconomic conditions at the local level can be found by going to the following Web sites: *www.bls.gov* (Bureau of Labor Statistics) or *www.census.gov* (US Census). Other types of sources include academic, state, and local sources. To the extent possible, the data you use should be specific to the area where the proposed activities will be carried out. You should document needs as they apply to the area where activities will be targeted, rather than the entire locality or state.

In responding to this factor, you should include:

(1) *Socioeconomic Profile* (5 points). A thorough socioeconomic profile of the eligible residents to be served by your program, including education levels, income levels, the number of single-parent families, economic statistics for the local area, crime levels, etc.

(2) *Local Training Program Information* (5 points). Information on training programs currently available and easily accessible to residents either through the PHA or other local or state community organizations.

You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. **Note:** Fines, penalties, damages, and other settlements resulting from violations (or alleged violations) of, or failure of the applicant to comply with federal, state, local or Indian tribal laws and regulations are unallowable means in which to satisfy this Rating Factor, except when incurred as a result of compliance with specific provisions of the federal award or written instructions by the awarding agency authorizing in advance such payments.

(3) *Resource Documentation* (3 points). The names and/or titles of information resources you used to document the need/extent of the problem.

(4) *Demonstrated Link Between Proposed Activities and Local Need* (7 points). There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

Rating Factor 3: Soundness of Approach (30 Points)

This factor addresses both the quality and cost-effectiveness of your proposed business plan. (A sample business plan is included in Appendix B.) Your business plan and supporting narrative must indicate a clear relationship between your proposed activities, the targeted population's needs, and the purpose of the program funding. Your activities must address HUD's policy priorities which relate to this program.

In rating this factor HUD will consider:

(A) *Quality of the Business Plan and Supporting Narrative* (18 points). This factor evaluates both your business plan, narrative, and your budget and will be evaluated based on the following components:

(1) *Specific Services and/or Activities* (6 points). Your business plan and supporting narrative must describe the specific services and activities you plan to offer and who will be responsible for each. HUD will consider how well your proposed activities will:

(a) Involve community partners in the delivery of services; and

(b) Offer comprehensive services versus a small range of services geared toward enhancing economic opportunities for residents.

(2) *Feasibility and Demonstrable Benefits* (4 points). This factor examines whether your business plan and supporting narrative are logical, feasible and likely to achieve its stated purpose during the term of the grant. HUD's desire is to fund projects that will quickly produce demonstrable results and advance the purposes of the ROSS program.

(a) *Timeliness*. This subfactor evaluates whether your business plan demonstrates that your project is ready to implement shortly after grant award, but not to exceed three months of grant award. Your business plan should indicate timeframes and deadlines for accomplishing major activities.

(b) *Description of the problem and solution*. Your business plan and supporting narrative will be evaluated based on how well your proposed activities address the needs described in Factor 2.

(3) *Budget Appropriateness/Efficient Use of Grant*. (4 Points). The score in

this factor will be based on the following:

(a) Justification of expenses. You will be evaluated based on whether your expenses are reasonable and well-explained.

(b) Budget Efficiency. You will be evaluated based on whether your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(4) *Involving Residents in the Design of the Work Plan* (4 points). All applicants should make every effort to involve residents in the design of the work plan, so that activities and services offered by your organization address their needs.

(B) *Addressing HUD's Policy Priorities* (12 points). HUD wants to improve the quality of life for those living in distressed communities. HUD's grant programs are a vehicle through which constructive changes can be achieved. Your narrative and business plan will be evaluated based on how well it meets the following HUD policy priorities:

(1) *Improving the Quality of Life in Our Nation's Communities* (5 points). In order to receive points in this category, your business plan and supporting narrative must indicate the types of activities and training programs you will offer which can help residents successfully transition from welfare to work and earn higher wages.

(2) *Providing Full and Equal Access to Grassroots Faith-Based and Other Community-Based Organizations in HUD Program Implementation* (7 points). HUD encourages applicants to partner with grassroots organizations, e.g., civic organizations, grassroots faith-based and other community-based organizations that are not usually effectively utilized. These grassroots organizations have a strong history of providing vital community services such as developing first-time homeownership programs, creating economic development programs, providing job training and other supportive services. In order to receive points under this factor, your narrative and business plan must describe how you will work with these organizations and what types of services they will provide.

Rating Factor 4: Leveraging Resources (20 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's grant resources to achieve program purposes. You are required to create partnerships with organizations that can help you achieve your program's goals. PHAs are required

by QHWRA (Sec. 12(d)(7) of the U.S. Housing Act, entitled "Cooperation Agreements for Economic Self-Sufficiency Activities") to make best efforts to enter into such agreements with relevant state or local agencies. In rating this factor, HUD will look at the extent to which you partner, coordinate and leverage your services with other organizations serving the same or similar populations.

Additionally, you must have at least a 25 percent cash or in-kind match. The match is a threshold requirement. Applicants who do not demonstrate the minimum 25% match will fail the threshold requirement and will not receive further consideration for funding. If you are applying for more than one ROSS grant, you must use different sources of match donations for each grant application. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value. In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the business plan, narrative, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the grant amount proposed in this application. "Firmly committed" means that the amount of resources and their dedication to ROSS-funded activities must be explicit, in writing and signed by a person authorized to make the commitment. Letters of commitment, or Memoranda of Understanding (MOU) must be on organization letterhead and signed by a person authorized to make the stated commitment. The letters of commitment/MOUs must indicate the annual level and/or amount of commitment, be dated within two months of the application deadline, and indicate how the commitment will relate to the proposed program. If you, the applicant, propose to use your own, non-ROSS grant funds to meet the match requirement in whole or in part, you must also include a letter of support indicating the type of match (cash or in-kind) and how the match will be used. Applicant staff time is not an eligible cash or in-kind match. Applicants shall annotate their budget form (HUD-424-CB) to list the sources and amount of each match. Grant awards shall be

contingent upon letters of commitment being submitted with your application.

(A) Volunteer time shall be computed by using the normal professional rate for the local area or the national minimum wage rate of \$5.15 per hour (**Note:** Applicants may not use their staff time towards the match);

(B) In order for HUD to determine the value of any donated material, equipment, staff time, building, or lease, your application must provide a letter from the organization making the donation stating the value of the contribution. The letter must be on letterhead, signed by an official authorized to make such commitments on behalf of the donating organization and must be dated within two months of the application deadline.

(C) Other resources/services that can be committed include: in-kind services, contributions or administrative costs provided to the applicant; funds from federal sources (not including ROSS funds) as allowed by statute, including for example Community Development Block Grant (CDBG) and federal Revenue Sharing; funds from any state or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

(D) Points for this factor will be awarded based on the documented evidence of partnerships and firm commitments and the ratio of requested ROSS funds to the total proposed grant budget.

Points will be assigned based on the following scale:

Percentage of match	Points awarded
25	5
26-50	10
51-75	15
76-99 or above	20

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

An important element in this year's NOFA is the development and reporting of performance measures and outcomes. Under this rating factor, applicants must demonstrate how they propose to measure their success and outcomes as they relate to the Department's Strategic Plan.

This factor emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and grant agreements and that they assess their performance so that they realize performance goals. HUD requires ROSS applicants to develop an effective, quantifiable,

outcome oriented work plan for measuring performance and determining that goals have been met.

"Outcomes" are benefits accruing to the residents, families and/or communities during or after participation in the ROSS program. Outcomes are not the actual development of self-sufficiency services or program activities. Applicants must clearly identify the outcomes to be achieved and measured. Examples of outcomes are: increasing the homeownership rates among residents of a development or from a particular housing authority, increasing residents' financial stability (e.g., increasing assets of a household through savings), or increasing employment stability (e.g., whether persons assisted obtain or retain employment for one or two years after job training completion).

In addition to outcomes, applicants must establish interim benchmarks or outputs for their proposed program that lead to the ultimate achievement of outcomes. "Outputs" are the direct products of a program's activities. Examples of outputs are: the number of eligible families that participate in supportive services, the number of new services provided, the number of residents receiving counseling, or the number of households using a technology center. Outputs should produce outcomes for your program.

This rating factor requires that you, the applicant, identify program outcomes, outputs, benchmarks, and performance indicators that will allow you to measure your performance. Performance indicators should be objectively quantifiable and measure actual achievements against anticipated achievements. Your work plan should identify what you are going to measure, how you are going to measure it, and the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes.

In order to satisfy the requirements for Factor 5, you must submit a work plan and a Logic Model that demonstrates how you will measure your own program performance. Your plan must identify the outcomes you expect to achieve or goals you hope to meet over the term of your proposed grant and benchmarks, outputs, and timeframes for accomplishing these goals. Your work plan must show how you will measure actual accomplishments against anticipated achievements. You must indicate how your plan will measure the performance of individual consortium members and affiliates, including the standards, data sources, and measurement methods, and the

steps you have in place or how you plan to make adjustments if you begin to fall short of established benchmarks and timeframes. Applicants should also use the Logic Model provided in the General Section of this SuperNOFA for reporting on how they will conduct performance measurement. You will be evaluated based on how comprehensively you propose to measure your program's outcomes.

VII. Program Requirements, Certifications, and Procedures for ROSS Applicants

The requirements of this section are applicable to all applicants, and grantees under this announcement of funding availability.

(A) *Compliance with Fair Housing and Civil Rights Laws.* Your application must meet all the applicable threshold requirements found in Section V (B)(2) of the General Section of the SuperNOFA, as well as the following requirements.

(B) *Affirmatively Furthering Fair Housing.* You must adhere to the requirements as provided in Section V (D) of the General Section of the SuperNOFA.

(C) *Conducting Business In Accordance With Core Values and Ethical Standards.* All applicants shall develop and maintain a written code of conduct that reflects Core Values. See Section V(B)(3) of the General Section of the SuperNOFA for requirements.

(D) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* The Department of Housing and Urban Development (HUD) is committed to ensuring that small businesses, small disadvantaged businesses and women-owned businesses participate fully in HUD's direct contracting and in contracting opportunities generated by HUD grant funds. See Section V (F) of the General Section of the SuperNOFA for requirements.

(E) *Economic Opportunities for Low and Very Low Income Persons (Section 3).* You must adhere to the requirements as provided in Section V (E) of the General Section of the SuperNOFA.

(F) *Certifications and Assurances.* Section V(H) of the General Section of the SuperNOFA lists requirements, certifications and procedures that apply to all programs, including ROSS. Applicants must comply with these in order to be eligible for the ROSS program.

(G) *Applicant Internet Access.* Prior to the initial draw down, all grantees must have secured online access to the Internet as a means to communicate

with HUD on grant matters. Tribes and TDHEs awardees may submit a waiver request to the Office of Native American Programs for this requirement if Internet access cannot be obtained. If tribes/TDHEs do not have Internet access, they must send hard copies of their grant documents to their Area ONAP.

(H) *ROSS Evaluation and Assessment.* All applicants selected for award must be willing to participate in the evaluation and assessment that HUD intends to conduct for the ROSS Program. At grant award HUD will provide additional information on the evaluation and assessment for applicants who receive awards.

(I) *ROSS Performance Measures.* All applicants selected for award should use ROSS Performance Measures in grant reporting for all awards. At grant award HUD will provide additional information on reporting the Performance Measures and the Logic Model for applicants who receive awards.

(J) *Format for submitting applications.* All documents must be attached or located according to the instructions below. Applicants should ensure to submit forms appropriate to the program for which they are applying. Applicants who fail to follow these instructions, may lose points if their documentation is not found according to the following instructions (grant reviewers will not be instructed to search through the entire application package for missing documents):

(1) RSDM-Family

Tab 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD-52759);
- Fact Sheet (HUD-52751);
- Application for Federal Assistance (HUD-424);
- Budget Summary for Competitive Grant Programs (HUD-424C);
- Applicant Assurances and Certifications (HUD-424B);
- Grant Application Detailed Budget (HUD-424-CB);
- Grant Application Detailed Budget Worksheet (HUD-424-CBW);
- Applicant/Recipient Disclosure/Update Report (HUD-2880);
- Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable;
- Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable;
- Certification of Consistency with the Indian Housing Plan if applicable (HUD-52752);
- Certification of Resident Council Board of Election/Signed Letter from

Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs (HUD-52753);

- Disclosure of Lobbying Activities (HUD-SF-LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD-SF-LLL-A) through HUD's web site, <http://www.hud.gov>);

- Acknowledgment of Application Receipt (HUD-2993); and,

- Client Comments and Suggestions (HUD-2994). (Optional)

- Survey on Ensuring Equal Opportunity Applicants (HUD-23004)

TAB 2: Threshold Requirements:

- Letters from Partners attesting to match;
- Letter from Applicant's organization attesting to match;
- Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants;
- Chart of Resident Associations Participating (required for nonprofit applicants) (HUD-52754);
- Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs, and tribes/TDHEs) (HUD-52755); and
- Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

- Narrative;
- Chart A: Program Staffing (HUD-52756);
- Chart B: Applicant/Administrator Track Record (HUD-52757);
- Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2

TAB 5: Rating Factor 3:

- Narrative;
- Work plan (see sample) (HUD-52763).

TAB 6: Narrative for Rating Factor 4

TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

- Narrative;
- Logic Model (HUD-96010).

(2) RSDM-Elderly and Persons with Disabilities

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD-52760);
- Fact Sheet (HUD-52751);
- Application for Federal Assistance (HUD-424);

- Budget Summary for Competitive Grant Programs (HUD-424C);
- Applicant Assurances and Certifications (HUD-424B);
- Grant Application Detailed Budget (HUD-424-CB);
- Grant Application Detailed Budget Worksheet (HUD-424-CBW);
- Applicant/Recipient Disclosure/Update Report (HUD-2880);
- Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable;
- Certification of Consistency with the Indian Housing Plan if applicable (HUD-52752);
- Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs) (HUD-52753);
- Disclosure of Lobbying Activities (HUD-SF-LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD-SF-LLL-A) through HUD's web site, <http://www.hud.gov>);
- Acknowledgment of Application Receipt (HUD-2993); and,
- Client Comments and Suggestions (HUD-2994). (Optional)
- Survey on Ensuring Equal Opportunity Applicants (HUD-23004)

TAB 2: Threshold Requirements:

- Letters from Partners attesting to match;
- Letter from Applicant's organization attesting to match;
- Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants;
- Chart of Resident Associations Participating (required for nonprofit applicants) (HUD-52754);
- Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs, and tribes/TDHEs) (HUD-52755); and
- Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

- Narrative;
- Chart A: Program Staffing (HUD-52756);
- Chart B: Applicant/Administrator Track Record (HUD-52757);
- Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2
TAB 5: Rating Factor 3:

- Narrative;
- Work plan (see sample) (HUD-52764).

- TAB 6: Narrative for Rating Factor 4
TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:
- Narrative;
 - Performance measures Logic Model (HUD-96010).

(3) Homeownership Supportive Services

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD-52761);
- Fact Sheet (HUD-52751);
- Application for federal Assistance (HUD-424);
- Budget Summary for Competitive Grant Programs (HUD-424C);
- Applicant Assurances and Certifications (HUD-424B);
- Grant Application Detailed Budget (HUD-424-CB);
- Grant Application Detailed Budget Worksheet (HUD-424-CBW);
- Applicant/Recipient Disclosure/Update Report (HUD-2880);
- Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable;
- Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable;
- Certification of Consistency with the Indian Housing Plan if applicable (HUD-52752);
- Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (not applicable to tribes/TDHEs) (HUD-52753);
- Disclosure of Lobbying Activities (HUD-SF-LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD-SF-LLL-A) through HUD's web site, <http://www.hud.gov>);
- Acknowledgment of Application Receipt (HUD-2993); and,
- Client Comments and Suggestions (HUD-2994). (Optional)
- Survey on Ensuring Equal Opportunity Applicants (HUD-23004)

TAB 2: Threshold Requirements:

- Letters from Partners attesting to match;
- Letter from Applicant attesting to match;
- Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants;
- Chart of Resident Associations Participating (required of nonprofit applicants) (HUD-52754);

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

- Narrative;
- Chart A: Program Staffing (HUD-52756);
- Chart B: Applicant/Administrator Track Record (HUD-52757);
- Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2
TAB 5: Rating Factor 3:

- Narrative;
- Work plan (see sample) (HUD-52764).

TAB 6: Narrative for Rating Factor 4
TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

- Narrative;
- Logic Model (HUD-96010).

- Contract Administrator Partnership Agreement (for all applicants except non-troubled PHAs and tribes/TDHEs) (HUD-52755); and
- Past Performance evaluation (from HUD field office).

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

- Narrative;
- Chart A: Program Staffing (HUD-52756);
- Chart B: Applicant/Administrator Track Record (HUD-52757);
- Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2
TAB 5: Rating Factor 3:

- Narrative;
- Work plan (see sample) (HUD-52765).

TAB 6: Narrative for Rating Factor 4
TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:

- Narrative;
- Logic Model (HUD-96010).

(4) Neighborhood Networks

TAB 1: Required Forms from the General Section of the SuperNOFA and other ROSS forms:

- Applicant Checklist (HUD-52762);
- Fact Sheet (HUD-52751);
- Application for federal Assistance (HUD-424);
- Budget Summary for Competitive Grant Programs (HUD-424C);
- Applicant Assurances and Certifications (HUD-424B);
- Grant Application Detailed Budget (HUD-424-CB);
- Grant Application Detailed Budget Worksheet (HUD-424-CBW);
- Applicant/Recipient Disclosure/Update Report (HUD-2880);
- Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable;
- Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable;
- Certification of Resident Council Board of Election/Signed Letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD-52753);
- Disclosure of Lobbying Activities (HUD-SF-LLL)—if applicable (applicants requiring additional space may find the Disclosure of Lobbying Activities Continuation Sheet (HUD-SF-LLL-A) through HUD's web site, <http://www.hud.gov>);
- Acknowledgment of Application Receipt (HUD-2993); and,
- Client Comments and Suggestions (HUD-2994). (Optional)
- Survey on Ensuring Equal Opportunity Applicants (HUD-23004)

TAB 2: Threshold Requirements:

- Letters from Partners attesting to match;
- Letter from Applicant attesting to match;
- Letters from Resident Associations/Resident Organizations indicating support of nonprofit applicants;
- Chart of Resident Associations Participating (required of nonprofit applicants) (HUD-52754);

TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:

- Narrative;
- Chart A: Program Staffing (HUD-52756);
- Chart B: Applicant/Administrator Track Record (HUD-52757);
- Resumes/Position Descriptions.

TAB 4: Narrative for Rating Factor 2
TAB 5: Rating Factor 3:

- Narrative;
- Work plan (see sample) (HUD-52764).

- Client Comments and Suggestions (HUD-2994) (Optional);
 - Survey on Ensuring Equal Opportunity Applicants (HUD-23004)
- TAB 2: Threshold Requirements:
- Letters from Partners attesting to match;
 - Letter from Applicant attesting to match;
 - Letters from Resident Associations/ Resident Organizations indicating support of nonprofit applicants;
 - Chart of Resident Associations Participating (required for nonprofit applicants) (HUD-52754);
 - Contract Administrator Partnership Agreement (required for all applicants except non-troubled PHAs) (HUD-52755); and
 - Past Performance evaluation (from HUD field office).
- TAB 3: Narrative for Rating Factor 1 and Non-Standard ROSS Program Forms:
- Narrative;
 - Chart A: Program Staffing (HUD-52756);
 - Chart B: Applicant/Administrator Track Record (HUD-52757);
 - Resumes/Position Descriptions.
- TAB 4: Narrative for Rating Factor 2
TAB 5: Rating Factor 3:
- Narrative;
 - Business Plan (see sample) (HUD-52766).
- TAB 6: Narrative for Rating Factor 4
TAB 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms:
- Narrative;
 - Logic Model (HUD-96010).

VIII. Corrections to Deficient Applications

After the application due date, HUD may not, consistent with its regulations at 24 CFR part 4, subpart B, consider any unsolicited information, you the applicant, may want to provide. HUD may contact you to clarify an item in your application or to correct technical deficiencies. HUD may not seek clarification of items or responses that improve the substantive quality of your

response to the rating factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. Examples of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, HUD will notify you in writing of a technical deficiency. HUD will notify applicants by facsimile or by USPS, return receipt requested. Clarifications or corrections of technical deficiencies in accordance with the information requested by HUD must be submitted within 14 calendar days of the date you receive HUD notification. (If the due date falls on a Saturday, Sunday, or federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or federal holiday.) The determination of when you received the deficiency letter will be based on the confirmation of the facsimile transmission, return receipt or postal tracking information, as appropriate. If the deficiency is not corrected within this time period, HUD will reject the application as incomplete and it will not be considered for funding.

Unacceptable Applications. After the 14-day technical deficiency correction period, the Grants Management Center (GMC), or the DPONAP for tribal and TDHE applicants, will disapprove all applications that the GMC, or DPONAP determines are not acceptable for processing. The GMC's notification of rejection must state the basis for the decision. The applicant may request a debriefing. Applicants requesting to be debriefed must send a written request to Michael Diggs, Director, Grants Management Center, Department of Housing and Urban Development, 501 School Street, SW., Suite 800, Washington, DC 20024. For tribal and TDHE applicants, contact Deborah Lalancette, Director, Grants Management, DPONAP, 1999 Broadway, Suite 3390, Denver, CO 80202.

HUD Reform Act of 1989. The provisions of the HUD Reform Act of 1989 that apply to this NOFA are explained in the General Section of the SuperNOFA in Section XI.

IX. Environmental Requirements

It is anticipated that most activities under this ROSS funding will be categorically excluded under 24 CFR 58.34(a)(3) or (a)(9), 58.35(b)(2) or (b)(4), 50.19(b)(3), (b)(9), (b)(12), or (b)(14). An applicant proposing any long-term leasing, or physical development activities is prohibited from rehabilitating, converting, leasing, repairing or constructing property, or committing or expending HUD or non-HUD funds for these types of program activities, until one of the following has occurred:

(1) If the grantee is not a PHA or tribe/TDHE, HUD has completed an environmental review to the extent required by 24 CFR part 50, prior to grant award.

(2) If the grantee is a PHA or tribe/TDHE, HUD has approved the grantee's Request for Release of Funds (HUD Form 7015.15) following a Responsible Entity's completion of an environmental review under 24 CFR part 58, where required, or if HUD has determined in accordance with § 58.11 to perform the environmental review itself under part 50, HUD has completed the environmental review.

XI. Authority

Section 34 of the U.S. Housing Act of 1937 and 24 CFR 964.

Appendix A—ROSS Forms

The non-standard forms, which follow, are required for the ROSS application. The forms marked "Sample", are intended to assist applicants provide information HUD is requesting in an easy-to-use format. Applicants do not have to adhere to the precise format, but should make sure to include the same information in their submission.

BILLING CODE 4210-32-P

**Suggested Performance Measures
Resident Opportunities and Self Sufficiency Programs (ROSS)
FY2003**

RATING FACTOR 5

For FY 2003, rating Factor 5 has been changed to “Achieving Results and Program Evaluation.” This factor emphasizes HUD’s commitment to ensuring that applicants keep promises made in their application and assess their performance to ensure performance goals are met. Performance measures are used to track progress against a baseline or condition that existed before the implementation of a particular grant activity. Applicants are encouraged to select three or more of the following performance measures, tailor them to fit the activities in your application, or create others that reflect the activities in your application. The Logic Model is being provided as a tool to track the performance measures you select.

- Percent of eligible families in the development who participate in supportive services before the implementation of your program versus the percentage of families who participate after six months of your program’s implementation.
- Number of new services provided by the ROSS grant.
- Percentage of elderly and handicapped residents receiving supportive services (before and after program implementation)
- Number and/or percent of residents receiving counseling from service coordinators/case managers (before and after program implementation)
- Number and/or percent of families who received housing counseling (before and after program implementation)
- Number of families who received homeownership counseling (before and after program implementation)
- Percent of counseled families who moved to market rent units.
- Percent of counseled families who buy a home.
- Number of new computer technology centers established
- Number of computer technology centers that expanded or upgraded.
- Percent of households that use the computer technology center(s) (over time, for example at six month intervals)
- Number of volunteer residents working at the computer technology center (over time)
- Number of paid residents working at the computer technology center (over time)

- Number of residents who completed training courses in the computer technology center
- Number of residents who received job placement assistance as a result of the training in the computer technology center
- Number of partners involved with the establishment and on-going operation of the computer technology center
- Number of residents who received job placement assistance
- Percentage of residents in a development that enrolled in job training sessions

**ROSS FY 2003 FUNDING
RESIDENT SERVICE DELIVERY MODELS - FAMILY
APPLICANT CHECKLIST AND SUBMISSION FORMAT**

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

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

	Page No.
<input type="checkbox"/> Applicant Checklist (HUD-52759)	_____
<input type="checkbox"/> Fact Sheet (HUD-52751)	_____
<input type="checkbox"/> Application for Federal Assistance (HUD-424)	_____
<input type="checkbox"/> Budget Summary for Competitive Grant Programs (HUD-424C)	_____
<input type="checkbox"/> Applicant Assurances and Certifications (HUD-424B)	_____
<input type="checkbox"/> Grant Application Detailed Budget (HUD-424-CB)	_____
<input type="checkbox"/> Grant Application Detailed Budget Worksheet (HUD-424-CBW)	_____
<input type="checkbox"/> Applicant/Recipient Disclosure/Update Report (HUD-2880)	_____
<input type="checkbox"/> Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable	_____
<input type="checkbox"/> Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable	_____
<input type="checkbox"/> Certification of Consistency with the Indian Housing Plan (HUD-52752) if applicable	_____
<input type="checkbox"/> Certification of Resident Council Board of Election/ Signed letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants. (HUD-52753)	_____
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)-if applicable	_____
<input type="checkbox"/> Disclosure of Lobbying Activities Continuation Sheet (SF-LLL-A)-if applicable	_____
<input type="checkbox"/> Acknowledgement of Application Receipt (HUD-2993)	_____
<input type="checkbox"/> Client Comments and Suggestions (HUD-2994)-Optional	_____

Tab 2: Threshold Requirements

- Letters from Partners attesting to match _____
- Letter from Applicant's organization attesting to match _____
- Letters from Resident Associations/Resident Organizations
indicating support of nonprofit applications _____
- Chart of Resident Associations Participating (HUD-52754)
(required for nonprofit applicants) _____
- Sample Contract Administrator Partnership Agreement (HUD-52755)
(for all applicants except nontroubled PHAs and tribes/TDHEs) _____
- Past Performance evaluation (from HUD field office) _____

Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

- Narrative _____
- Chart A: Program Staffing (HUD-52756) _____
- Chart B: Applicant/Administrator Track Record (HUD-52757) _____
- Resumes/Position Descriptions _____

Tab 4: Narrative for Rating Factor 2

Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

- Narrative _____
- Work plan (HUD-52763) (see sample) _____

Tab 6: Narrative for Rating Factor 4

Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

- Narrative _____
- Logic Model _____
- Performance measures/outcomes _____

**ROSS FY 2003 FUNDING
NEIGHBORHOOD NETWORKS**

APPLICANT CHECKLIST AND SUBMISSION FORMAT

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

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

	Page No.
<input type="checkbox"/> Applicant Checklist (HUD-52762)	_____
<input type="checkbox"/> Fact Sheet (HUD-52751)	_____
<input type="checkbox"/> Application for Federal Assistance (HUD-424)	_____
<input type="checkbox"/> Budget Summary for Competitive Grant Programs (HUD-424C)	_____
<input type="checkbox"/> Applicant Assurances and Certifications (HUD-424B)	_____
<input type="checkbox"/> Grant Application Detailed Budget (HUD-424-CB)	_____
<input type="checkbox"/> Grant Application Detailed Budget Worksheet (HUD-424-CBW)	_____
<input type="checkbox"/> Applicant/Recipient Disclosure/Update Report (HUD-2880)	_____
<input type="checkbox"/> Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable	_____
<input type="checkbox"/> Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable	_____
<input type="checkbox"/> Certification of Resident Council Board of Election/ Signed letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD-52753)	_____
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)-if applicable	_____
<input type="checkbox"/> Disclosure of Lobbying Activities Continuation Sheet (SF-LLL-A)-if applicable	_____
<input type="checkbox"/> Acknowledgement of Application Receipt (HUD-2993)	_____
<input type="checkbox"/> Client Comments and Suggestions (HUD-2994)-Optional	_____

Tab 2: Threshold Requirements

- Letters from Partners attesting to match _____
- Letter from Applicant attesting to match _____
- Letters from Resident Associations/Resident Organizations
indicating support of nonprofit applicants _____
- Chart of Resident Associations Participating
(HUD-52754) (required for nonprofit applicants) _____
- Sample Contract Administrator Partnership Agreement
(HUD-52755) (for all applicants except nontroubled PHAs) _____
- Past Performance evaluation (from HUD field office) _____

Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

- Narrative _____
- Chart A: Program Staffing (HUD-52756) _____
- Chart B: Applicant/Administrator Track Record (HUD-52757) _____
- Resumes/Position Descriptions _____

Tab 4: Narrative for Rating Factor 2

Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

- Narrative _____
- Business Plan (HUD-52766) (see sample) _____

Tab 6: Narrative for Rating Factor 4

Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

- Narrative _____
- Logic Model _____
- Performance measures/outcomes _____

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

**ROSS FY 2003 FUNDING
HOMEOWNERSHIP SUPPORTIVE SERVICES**

APPLICANT CHECKLIST AND SUBMISSION FORMAT

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

The following checklist is provided to ensure you have submitted all required items to receive consideration for funding. You must assemble the application in the order shown below and note the corresponding page number where the response is located. You must include this checklist with your application.

Tab 1: Required forms from the General Section of the SuperNOFA and other ROSS forms.

	Page No.
<input type="checkbox"/> Applicant Checklist (HUD-52761)	_____
<input type="checkbox"/> Fact Sheet (HUD-52751)	_____
<input type="checkbox"/> Application for Federal Assistance (HUD-424)	_____
<input type="checkbox"/> Budget Summary for Competitive Grant Programs (HUD-424C)	_____
<input type="checkbox"/> Applicant Assurances and Certifications (HUD-424B)	_____
<input type="checkbox"/> Grant Application Detailed Budget (HUD-424-CB)	_____
<input type="checkbox"/> Grant Application Detailed Budget Worksheet (HUD-424-CBW)	_____
<input type="checkbox"/> Applicant/Recipient Disclosure/Update Report (HUD-2880)	_____
<input type="checkbox"/> Certification of Consistency with RC/EZ/EC Strategic Plan (HUD-2990) if applicable	_____
<input type="checkbox"/> Certification of Consistency with the Consolidated Plan (HUD-2991) if applicable	_____
<input type="checkbox"/> Certification of Consistency with the Indian Housing Plan (HUD-52752) (if applicable)	_____
<input type="checkbox"/> Certification of Resident Council Board of Election/ Signed letter from Small Housing Authorities without Resident Councils attesting to the fact that the Board contains one or more residents who were appointed by the Housing Authority or elected by fellow tenants (HUD-52753)	_____
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)-if applicable	_____
<input type="checkbox"/> Disclosure of Lobbying Activities Continuation Sheet (SF-LLL-A)-if applicable	_____
<input type="checkbox"/> Acknowledgement of Application Receipt (HUD-2993)	_____
<input type="checkbox"/> Client Comments and Suggestions (HUD-2994)-Optional	_____

Tab 2: Threshold Requirements

- Letters from Partners attesting to match _____
- Letter from Applicant attesting to match _____
- Letters from Resident Associations/Resident Organizations
indicating support of nonprofit applicants _____
- Chart of Resident Associations Participating
(HUD-52754) (required for nonprofit applicants) _____
- Sample Contract Administrator Partnership Agreement
(HUD-52755) (for all applicants except nontroubled PHAs,
and tribes/TDHEs) _____
- Past Performance evaluation (from HUD field office) _____

Tab 3: Narrative for Rating Factor 1 and Non-Standard Ross Program Forms

- Narrative _____
- Chart A: Program Staffing (HUD-52756) _____
- Chart B: Applicant/Administrator Track Record (HUD-52757) _____
- Resumes/Position Descriptions _____

Tab 4: Narrative for Rating Factor 2

Tab 5: Narrative for Rating Factor 3 and Non-Standard Ross Program Form

- Narrative _____
- Work plan (HUD-52765) (see sample) _____

Tab 6: Narrative for Rating Factor 4

Tab 7: Narrative for Rating Factor 5 and Non-Standard ROSS Program Forms

- Narrative _____
- Logic Model _____
- Performance measures/outcomes _____

OMB Approval No. 2577-0229
Expiration Date 11/30/3003

ROSS FY 2003 FUNDING

FACT SHEET

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.

Applicant Information

Applicant: _____

Applicant Type: ___PHA ___RA ___IRO ___NONPROFIT ___TRIBE/TDHE

Assistance for which the applicant is applying:

- Resident Service Delivery Models-Family
 Resident Service Delivery Models-Elderly and Persons with Disabilities
 Homeownership Supportive Services
 Neighborhood Networks-new center
 Neighborhood Networks-existing center

Unit Count

- _____ Total number of conventional public housing units under management**
 (excluding any Section 8)
 _____ Total number of family-occupied conventional public housing units.
 _____ Total number of elderly/disabled-occupied conventional public housing units.

ROSS FY 2003 FUNDING

FACT SHEET (continued)

SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: _____

Does the organization have block captains? Yes ___ No ___

Does the organization have an operating committee? Yes ___ No ___

For any previous ROSS grants you have received, you must note the Fiscal Year, ROSS Category (RSDM, RMBD, etc.), and Award Amount.

OMB Approval No. 2577-0229
Expiration Date 11/30/3003

**CERTIFICATION OF CONSISTENCY WITH THE
INDIAN HOUSING 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 Indian Housing Plan.

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal Program(s) to
which the applicant is applying: _____

Name of Certifying Jurisdiction: _____

Title: _____

Signature: _____

Date: _____

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

ROSS FY 2003 FUNDING Certification of Resident Board Election

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

Applicant: _____ **Date:** _____

Certification of Resident Board Election. RA applicants must submit certification of the RA board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

Certification of Resident Council Board Election

I CERTIFY _____
(name of organization)

located in _____ has duly elected all
(city & state)

of Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations (CFR), Part 964.

Date of Last Resident Council Board Election: _____

(Name and Title of Certifying Housing Agency Official)

(Signature) (Date)

(Name and Title of Independent Third-Party Monitor)

(Signature) (Date)

NOTARY (Signature & Date) _____

ROSS FY 2003 FUNDING**SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP
AGREEMENT**

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

This partnership agreement is made and entered into by and between the **Contract Administrator (CA)**, (e.g., the local public housing authority (PHA) or other non-profit corporations), hereinafter referred to as "CA," and the applicant _____

WHEREAS, the applicant is submitting the proposal for a Resident Opportunity and Self-Sufficiency (ROSS) _____ (indicate funding category) Grant to further its objectives.

WHEREAS, the applicant agrees to comply with all terms and conditions expressed in HUD's NOFA, applicable provisions of 24 CFR 964, provisions of any technical assistance grant agreement entered into with HUD, and any other stipulations made by the CA and agreed to in writing by a duly authorized representative of the applicant pertaining to the technical assistance provided.

WHEREAS, the CA supports the applicant's ROSS application and agrees to provide technical assistance to the applicant in accordance with HUD's NOFA and regulations.

WHEREAS, pursuant to the commitment made by the CA, this agreement is executed outlining the type, scope and extent of services that the CA will provide to the applicant if the grant is funded. If HUD does not fund the grant, this agreement is null and void.

Roles and Responsibilities

The CA agrees to oversee the administration of the ROSS grant. This includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964, 45, 84, and 85 and OMB Circulars A-87 and A-122.

The CA agrees to operate under the direction of the applicant. The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD. The CA will have authority to draw down funds and submit reports to HUD only with the written authorization of the applicant. All checks and other expenditures in an amount higher than \$ ____ must be signed and/or approved by the applicant or CA.

**SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT
(continued)****Coordination of Grant Activities**

The CA agrees to coordinate the provision of assistance from community organizations, government, and other public services on a variety of related topics and available relevant resources to the residents. Following are suggested resources:

- Area enrichment programs
- Local Banks
- Chamber of Commerce
- Community Development Agencies
- Private Industry Council
- Local/State Health & Human Services Agencies
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Social Service Organizations

Program Assessment

The CA agrees to coordinate, conduct or assist the applicant in assessing the ROSS activities based on the methodology in the applicant's proposal to HUD.

Contracted Amount

No funds will be paid to the CA for services rendered prior to HUD's selection of the applicant for funding or for services rendered prior to the execution of a grant agreement between the applicant and HUD. This agreement is conditioned on HUD's selection of the applicant for funding. If an applicant is selected and enters into a grant agreement with HUD, remuneration of the CA will not exceed the daily equivalent of the rate paid for level IV of the Executive Schedule, unless specifically authorized by law.

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**SAMPLE CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT
(continued)**

The contracted amount for all services defined within this contract is based on a period of time beginning _____ and ending _____. (NOTE: CAs must be retained for the full thirty-six month term of the grant.) The CA will be paid \$ _____ for year one, beginning _____; \$ _____ for year two beginning _____; \$ _____ for year three beginning _____.

Termination

The applicant may terminate this agreement within 60 calendar days of written notice to the US Department of Housing and Urban Development and the CA. Termination may be based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues have been exhausted, termination will require a two-thirds majority vote of the Board of Directors of the applicant.

WITNESS OUR HANDS EFFECTIVE _____

Applicant

Contract Administrator

Applicant Executive Director/
Other Authorized Representative

Executive Director

Date

Date

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ROSS 2003

Chart A: PROGRAM STAFFING

Applicant Name: _____

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.

I. APPLICANT STAFF

Name of Staff Person	Organization and Position	Activity in Grant Program	Percent of Time on Grant	Cost to Grant

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II. CONTRACTOR/CONSULTANT ROLE		
Type of Contractor to be Solicited*	Activity in Grant Program	Estimated Cost to Grant Program
III. Contract Administrator		

*NOTE: Contractors must be procured according to 24 CFR parts 84.41-84.48 or 24 CFR part 85.36

form HUD-52756 (03/2003)

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SAMPLE ROSS-RSDM Family Work Plan

Start Date: September 2003

End Date: September 2003

GOAL	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	DATES		Performance Measure/ Deliverable
					Start	Complete	
<p>Offer Microsoft Office Suite Training in Development's Learning Center that results in a minimum of 30 residents becoming proficient (passing proficiency test) in using Microsoft Word 2000, Excel 2000, Access 2000 and PowerPoint 2000.</p>	<p>1. Determine if Microsoft Suite Training is being offered by any other organization within your community.</p>	<p>1. Call area training centers—Workforce Investment Board, local community college, computer training centers, neighborhood networks center, etc. to determine if any other organization within your community is offering the course.</p> <p>2. Ask each center how many classes make-up each course; How many hours in each session; How they found their current instructor; do participants take proficiency tests; what is the percentage of people passing the tests.</p> <p>3. Ask each center the cost of enrolling in the class and availability of spots within the next two scheduled trainings.</p> <p>4. Find out the names of the individuals responsible for the class (teacher, department head).</p>	<p>4 hours</p>	<p>1. Resident Association staff or Board member (assign actual name) Phone; 2. Resident Association List of training centers (Workforce Investment Board)</p>	<p>9/01/03</p>	<p>9/01/03</p>	<p>Deliverable—completed list of organizations offering training, schedule of trainings and cost.</p>

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SAMPLE ROSS-RSDM Family Work Plan

Start Date:

End Date:

GOAL	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	DATES		Performance Measure/ Deliverable
					Start	Complete	
Sign up a minimum of 75 residents for job training program.	Conduct outreach to residents.	<ol style="list-style-type: none"> Distribute flyers to residents. Place information about training program in PHA newsletter. Work with Resident Association to conduct door-to-door marketing of the job training program. Create registration/sign-up procedure. 	<p>One week for initial outreach.</p> <p>Two weeks for follow-up and registering of residents.</p> <p>Three weeks total.</p>	<ol style="list-style-type: none"> Project Coordinator - lead (name and phone number) Resident Association staff or Board members (assign actual name and phone numbers) 	9/01/03	9/19/03	Deliverable: Registration of 75 or more residents in job training program.

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ROSS-RSDM Family Work Plan

Start Date:

End Date:

GOAL	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	DATES		Performance Measure/ Deliverable
					Start	Complete	

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

SAMPLE ROSS-RSDM Elderly/Persons with Disabilities Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date:

End Date:

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Sign up a minimum of 50 residents in your program.	Conduct outreach to residents.	<ol style="list-style-type: none"> 1. Distribute flyers to residents. 2. Place information about training program in PHA newsletter. 3. Work with staff and/or volunteers to conduct door-to-door marketing of your program. 4. Create registration /sign-up procedure. 	<p>One week for initial outreach.</p> <p>Two weeks for follow-up and registering of residents.</p> <p>Three weeks total.</p>	<ol style="list-style-type: none"> 1. Project Coordinator -lead (name and phone number) 2. Staff and/or volunteers (include name and phone number) 	9/01/03	9/19/03	Registration of 50 or more residents.

SAMPLE ROSS-RSDM Elderly/Persons with Disabilities Work Plan

OMB Approval No. 2577-0229
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End Date:

Start Date:

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverables
Determine participants' needs that are going unmet.	Create and administer assessment tool to survey participants' needs.	<ol style="list-style-type: none"> Contact State or local agencies that specialize in working with elderly/persons with disabilities to determine whether they have a survey sample and/or whether they would be interested in assisting/partnering with you. Develop a survey to assess residents' needs. Administer the survey tool. Evaluate results. 	<p>One week to contact local agencies to obtain sample surveys.</p> <p>Two weeks to develop the survey.</p> <p>One week to administer the survey.</p> <p>One day to evaluate results.</p> <p>Three weeks total.</p>	<ol style="list-style-type: none"> Project Coordinator -lead (name and phone number) State/local agencies. Staff/Volunteers. Other partners. 	9/01/03	9/19/03	<ul style="list-style-type: none"> Survey Survey results Necessary information to design program for residents.

ROSS-RSDM Elderly/Persons with Disabilities Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date:

End Date:

GOALS	TASKS	ACTIVITIES	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverables

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

SAMPLE ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date:

End Date:

GOALS	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Sign up a minimum of 75 residents in your Homeownership Supportive Services program.	Conduct outreach to residents.	<ol style="list-style-type: none"> Distribute flyers to residents. Place information about training program in PHA newsletter. Work with Resident Association to conduct door-to-door marketing of the homeownership training program. Create registration/sign-up procedure. 	<p>One week for initial outreach.</p> <p>Two weeks for follow-up and registering of residents.</p> <p>Three weeks total.</p>	<ol style="list-style-type: none"> Project Coordinator -lead (name and phone number) Resident Association staff or Board members (assign actual name and phone numbers) 	9/01/03	9/19/03	Registration of 75 or more residents in homeownership training program.

SAMPLE ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229
Expiration Date 11/30/2003

Start Date:

End Date:

GOALS	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable
Determine participants' homeownership readiness.	Create and administer assessment tool to survey participants readiness for homeownership.	<ol style="list-style-type: none"> 1. Work with local HUD-approved housing counseling agencies to determine if they have existing survey tools. 2. Develop a survey to assess residents' homeownership readiness. 3. Work with Resident Association to do a test run of the survey. 4. Administer the survey tool. 5. Evaluate results. 	<p>One week to contact housing counseling agencies and obtain sample surveys.</p> <p>Two weeks to develop the survey and administer trial run.</p> <p>One to two days to administer the survey.</p> <p>One day to evaluate results.</p> <p>Three weeks total.</p>	<ol style="list-style-type: none"> 1. Project Coordinator - lead (name and phone number) 2. Local HUD-approved housing counseling agencies. 3. Resident Association staff or Board members (assign actual name and phone numbers) 	9/01/03	9/19/03	<ul style="list-style-type: none"> • Survey results • Necessary information to design training program for residents.

ROSS-Homeownership Supportive Services Work Plan

OMB Approval No. 2577-0229

Expiration Date 11/30/2003

Start Date:

End Date:

GOALS	ACTIVITIES	TASKS	ESTIMATED TIME TO COMPLETE ACTIVITY	RESPONSIBILITY/ RESOURCES	Start	Complete	Deliverable

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

SAMPLE BUSINESS PLAN FOR APPLICANTS OF THE ROSS NEIGHBORHOOD NETWORKS FUNDING CATEGORY

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

A good business plan is one of the best ways developers of Neighborhood Networks Computer Technology Centers can ensure success. It is more than just a marketing tool; it fleshes out the mission and structure of the center. This plan is the first step in identifying the purpose, goals and objectives of the center. It is a tool that allows Neighborhood Network planners to THINK through their ideas, solidify their intentions and objectives, and work efficiently with a plan towards specific goals. Fewer errors are made because actions will be based upon research and analysis.

There is no single best format for a business plan. This one incorporates items and concepts from the U.S. Small Business Administration's (SBA) Business Plan, which has been used successfully by thousands of small businesses.

KEY POINTS WHEN DEVELOPING THIS PLAN:

The objective of this sample Neighborhood Network Business Plan is to provide guidance to those who are developing the computer learning centers so they may plan for sustainability beyond the 3-year term of the grant. It also provides a framework and means for evaluating results, best practices, and successful operations.

Individual center planners may find that this format needs to be modified to suit the needs of the center, PHA, and residents. This plan serves as only the minimum information needed. Your narrative will act as a supplement to this business plan. To begin your business plan, some good rules of thumb to follow when preparing the plan are:

- 1) **Plan from the start to be self sufficient.** Many centers, from the beginning, will rely on the HUD grant as well as the minimum 25% match requirement. The goal should be to progress from substantial reliance on federal grants and to self sustaining status within three years. HUD strongly encourages all centers to incorporate this goal into their NN Business Plan. The Business Plan is a road map to follow with goals and action steps to guide decision making. It also provides a way to communicate the center's operations, goals, and philosophy to personnel, residents, community partners, foundations, and other financial and business contacts.
- 2) **Are the residents involved in the planning, implementation, and maintenance of the computer learning center?** Resident involvement and "ownership" of the process is a necessity and key to the center's success. All plans should include a section describing resident involvement either as designers or operators as well as customers.

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- 3) **Evaluate the successes.** All plans should include how the center will record their results and successes. Please see the NOFA's Rating Factor 5 for guidance. Evaluating success can also be very useful in attracting other potential funding resources and partners. **NOTE:** Where significant federal funds are involved (see Budget information above), a methodology to measure results and successes is required by the Government Performance and Results Act of 1993.
- 4) **Access to the Internet:** HUD encourages all NN Computer Technology Centers to have at least one computer with Internet capability. The Internet can be used as a tool to connect with services, information, and people as well as the opportunity for the "world" to connect with the center. It can also be used to market the successes of your program. Monthly charges for an Internet account for the center (normally \$19.95/month per account) are an approvable expense.
- 5) **Continue to build local partnerships.** Local partners are a necessity in sustaining the NN Computer Technology Center. It is important to include in the Business Plan ways for the center to continue to build local partners.
- 7) **Remain sensitive to possible federal/national partnerships.** There are numerous benefits in combining efforts with other programs both on the local and national levels. Collective efforts will gain increasing national recognition and thereby help in obtaining self-sufficiency. It is important to include in the plan ways for the center to continue to build federal/national partnerships.

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Our Neighborhood Networks (NN) Business Plan

PHA Name: _____
Address: _____
Contact Name/Role: _____
Address: _____
Phone Number: _____
Email: _____
Fax Number: _____

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DESCRIPTION OF COMPUTER LEARNING CENTER

I. General Computer Learning Center Description: Description of the computer learning center's purpose and its intended customers/clients.

Mission:

Intended Clients:

II. Please identify other PHA locations involved in this proposal, if any.

Name: _____
 Address: _____
 Contact Person: _____
 Phone: _____ Email: _____
 Fax: _____

III. Focus of Computer Learning Center (Please check all that apply)

- _____ Job Skills Training/Employment
- _____ Introduction to/Familiarization with Computers
- _____ Internet Access and Access to Local Services
- _____ Health Care
- _____ Basic Adult Education, Literacy, ESL, GED
- _____ Youth Education
- _____ Senior Services
- _____ Continuing Education
- _____ Recreation
- _____ Other (please describe)

IV. Projects work best when everyone benefits (Win-Win). It is helpful to think in terms of benefits for all players. Please indicate how your center will result in:

Benefits to the PHA (i.e lower maintenance costs, less vandalism, lower vacancy rate)

Benefits to the Residents (i.e. employability, access to information & services, fellowship, sense of community)

Benefits to the Local Community and Employers (i.e safer neighborhoods, positive environment, skilled employees, large market share access/potential customers)

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PHA DATA AND DEMOGRAPHICS

Total Number of Conventional Family Public Housing Units _____

Total Number of Residents: _____

Resident Overview:

Number of Adults 21 - 61 years old: _____

Number of Adults 62 and older: _____

Number of Children 0 - 6 years old: _____

Number of Children 7 - 13 years old: _____

Number of Children 14 - 17 years old: _____

Number of Young Adults 18 - 20 years old: _____

Please provide the following information on the residents. The % refers to the % of the total number of residents, unless otherwise specified.

Ethnic Groups %:

ESL (English as Second Language) Needs? Yes _____ No _____

Single Parent Household % Female _____ Male _____

Disabled Residents % Physical _____ Learning _____ Other _____

Public Assistance Recipients % _____

OBJECTIVES: (Please check and insert appropriate number to all objectives that apply. THIS LIST IS NEITHER TOTALLY MANDATORY NOR TOTALLY INCLUSIVE)

_____ Providing _____ residents with access to technology and the Internet per year.

_____ Providing an opportunity for _____ residents to be involved in the Planning, Implementation, and Daily Maintenance of the Center on a yearly basis.

_____ Reducing Welfare Dependency by enabling at least 51% of the adult residents on welfare to participate in the program to get off welfare into decently paying jobs within _____ years, by _____ (date). This is in conjunction with other/similar Welfare to Work Programs.

_____ Expanding Community Based Job Training to at least _____ of the adult residents who participate in the program each year.

_____ Provide opportunities to telecommute for _____ residents each year.

_____ Teaching Basic Skills and Increasing Adult Education Level, including Literacy, ESL, GED courses, by making educational programs available to _____ adult residents who participate in the program each year.

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Improving Academic Achievement of School Aged Children by attempting to raise and maintain the educational level on standardized test of _____ children who participate in the program, to the appropriate grade level each year.

Building Partnerships in the Local Community by creating useful ongoing linkages with at least _____ other community groups each year.

Improving Health Care Accessibility and Partnerships by creating useful ongoing linkages with at least _____ other health care providers a year and by making the programs of local health care providers available to _____ residents who participate in the center each year.

Improving Social Service Accessibility and Partnerships by creating useful ongoing linkages with at least _____ other social service providers a year and by making the programs of local social service providers available to _____ residents who participate in the center each year.

Creating a self-sustaining computer learning center by the _____ year of operation.

Other Objectives: (Please specify below):

TIME LINE FOR PROPOSED CENTER: Please indicate proposed beginning and end dates for the following items that apply to your center. Further details are requested below the timeline.

	START DATE	COMPLETION DATE
Retrofitting or Construction of Facility		
Equipment (Hardware, software, etc.) Procurement and Testing		
Staffing of Center (trained and on board)		
Grand Opening of Center		
Third Party/Voluntary Organizations Participation and Funding for initial set-up and ongoing programs/costs.		
Training Program and Classes Beginning		
Other Milestones: (Please list in this box)		
*		
*		
*		
*		

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*		
*		

Retrofitting or Construction of Facility (Including Space Accessibility/Security/Monitoring)
(Please include what will be done and a sketch of the facility. Note here is any retrofitting services or costs will be donated and by whom.)

Equipment (hardware, software, etc.) Procurement/Testing
(Please indicate how many computers, what type of computers and software will be included based on resident surveys, and other equipment that will be used in the center such as printers, etc.)
Computers:

Printers:

Distance learning equipment:

Scanners & Other Equipment:

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DETAIL ON TIMELINE ACTIVITIES (Continued)

Staffing of Center/Training Program and Classes Offered (Weekly Schedule for the Center)
(Please indicate how the computer learning center will be staffed, include hours per week.)

Staffing:

Project Coordinator:

Resident Paid Staff:

Other Paid Staff:

Resident or Other Volunteers:

Outside Agencies Providing Instructions:

Weekly Schedule for the Center (including days/hours open, classes, and open lab/free time on the computers.

Classes/Training Programs to be Offered:

Partnerships: Third Party/Voluntary Organization Funding and Participation

(Please list those partners involved in the initial set-up and what they brought to the center. Also indicate targeted partners or other partners that will be assisting in the daily operation of the center.)

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INITIAL SET-UP AND FIRST YEAR OF OPERATIONS
FINANCIAL PLAN/BUDGET: SOURCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES →	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
USES							
Computer Hardware (Please List):	\$	\$	\$	\$	\$	\$	\$
Other Equipment							
Computer Software (All programs will be site-licensed and run through the server.)	\$	\$	\$	\$	\$	\$	\$
Staffing	\$	\$	\$	\$	\$	\$	\$
Maintenance, Insurance, Miscellaneous	\$	\$	\$	\$	\$	\$	\$
Retrofitting/ Security	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$	GRAND TOTAL FOR INITIAL SET-UP
							\$

Grant Sources and Donations Listed Below (if any)

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YEAR 2 OF OPERATIONS
FINANCIAL PLAN/WBUDGET: SOURCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES →	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
USES							
Computer Hardware (Please List):	\$	\$	\$	\$	\$	\$	\$
Other Equipment							
Computer Software (All programs will be site-licensed and run through the server.)	\$	\$	\$	\$	\$	\$	\$
Staffing	\$	\$	\$	\$	\$	\$	\$
Maintenance, Insurance, Miscellaneous	\$	\$	\$	\$	\$	\$	\$
Retrofitting/ Security	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$	GRAND TOTAL FOR SECOND YEAR OF OPERATION
							\$

Grant Sources and Donations Listed Below (if any)

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YEAR 3 OF OPERATIONS
FINANCIAL PLAN/WBUDGET: SOURCES AND USES OF FUNDS

Time period: From _____ to _____

SOURCES →	Private Donations	Grants (Please note grant sources below)	PHA funds	In-kind Donations/ Services	HUD ROSS Funds	Other (Please Identify)	TOTALS
USES							
Computer Hardware (Please List):	\$	\$	\$	\$	\$	\$	\$
Other Equipment							
Computer Software (All programs will be site-licensed and run through the server.)	\$	\$	\$	\$	\$	\$	\$
Staffing	\$	\$	\$	\$	\$	\$	\$
Maintenance, Insurance, Miscellaneous	\$	\$	\$	\$	\$	\$	\$
Retrofitting/ Security	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$	\$
							GRAND TOTAL FOR THIRD YEAR OF OPERATION
							\$

Grant Sources and Donations Listed Below (if any)

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**CONTINUUM OF CARE HOMELESS
ASSISTANCE PROGRAMS –**

SUPPORTIVE HOUSING PROGRAM (SHP)

SHELTER PLUS CARE (S+C),

SECTION 8 MODERATE REHABILITATION
SINGLE ROOM OCCUPANCY PROGRAM FOR
HOMELESS INDIVIDUALS (SRO)

Funding Availability for Continuum of Care Homeless Assistance Programs—Supportive Housing Program (SHP), Shelter Plus Care (S+C), Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (SRO)

Program Overview

Purpose of the Programs. The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed Continuum of Care systems to assist homeless persons to move to self-sufficiency and permanent housing. An important element of meeting this objective is to fund projects that will meet the Department's goal of ending chronic homelessness.

Available Funds. Approximately \$ 1.060 billion.

Eligible Applicants. The chart in Appendix A to this program section of this SuperNOFA identifies the eligible applicants for each of the three programs under the Continuum of Care.

Application Deadline. July 15, 2003.
Match. Yes.

Additional Information

If you are interested in applying for funding under any of the Continuum of Care Homeless Assistance programs, please review carefully the General Section of the SuperNOFA and the following Additional Information. Failure to comply with the procedures specified may disqualify your application.

I. Application Due Date, Application Kits, Further Information, and Technical Assistance

Application Due Date. Your completed applications (an original containing the signed documentation and two copies) are due on or before July 15, 2003 to the addresses shown below.

Security Procedures. HUD security procedures apply to application submission. Please read the following instructions carefully and completely. HUD will not accept hand delivered applications at any office. Applications to HUD Headquarters must be either mailed using the United States Postal Service (USPS) or may be shipped via the following delivery services: United Parcel Service (UPS), FedEx, DHL, or Falcon Carrier. Express delivery service is highly recommended. *No other delivery services are permitted into HUD Headquarters without escort. You must, therefore, use one of the four carriers listed above. HUD strongly suggests application copies submitted to HUD Field Offices be sent via the United*

States Postal Service, as access by other delivery services is not guaranteed.

Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered, and that it is addressed to the proper location and office.

Timeliness. Your application will be considered timely filed if your application is either

(1) Postmarked on or before 12:00 midnight on the application due date; or

(2) Was placed in transit with an approved overnight delivery/express mail service on or before 12:00 midnight on the application due date; and was received by HUD Headquarters within fifteen (15) days of the application due date. All applicants must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted your application to the United States Postal Service (USPS) or documentary evidence showing the date that the application was placed in transit with an approved overnight delivery/express mail service. These will be your evidence that your application was timely filed.

Approved Overnight Delivery/Express Mail Services. Due to new security measures, you must use one of the four carrier services that do business with HUD Headquarters regularly. These services are UPS, DHL, FedEx, and Falcon Carrier. Delivery by these services must be made during HUD's Headquarters business hours, between 8:30 AM and 5:30 PM Eastern time, Monday to Friday. If these companies do not service your area, you should submit your application via the United States Postal Service.

Addresses for Submitting Applications. To HUD Headquarters. Submit your original completed application (the application with the original signed documentation) to: Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Also submit two copies of your completed application to the Community Planning and Development Division of the appropriate HUD Field Office for your jurisdiction. The field office copies also must be postmarked or placed in transit with an approved delivery/express mail service on or before 12:00 midnight on the application due date and received by the field office within fifteen (15) days. You must obtain and save a Certificate of Mailing (USPS Form 3817) showing the date when you submitted the field

office's copies of your application to the United States Postal Service (USPS). The determination, however, that your application was received on time will be made *solely on receipt of the application at HUD Headquarters in Washington.* Reviews will be based upon the contents of the application submitted to HUD Headquarters. However, in the event that the application received in Headquarters is missing pages or exhibits that result in your application not being selected for an award, HUD may request proof that your field office copies were submitted and received on time and may insert pages from the field office copies into the Headquarters copy for review.

For Application Kits. This year, the application kit will be attached to this program section of the SuperNOFA as Appendix B. An applicant may also obtain a copy of the application kit by calling the SuperNOFA Information Center at 1-800-HUD-8929 (voice) (this is a toll-free number) or you may download an application by Internet at <http://www.hud.gov>.

For Further Information. You may contact the HUD Field Office serving your area, at the telephone number shown in Appendix A to the General Section of the SuperNOFA, or you may contact the Community Connections Information Center at 1-800-998-9999 (voice) or by Internet at: <http://www.hud.gov>. Individuals who are hearing-or speech-impaired should use the Information Relay Service at 1-800-877-8339 (these are toll-free numbers).

For Technical Assistance. Before the application deadline, HUD staff will be available to provide you with general guidance. HUD staff, however, cannot provide you with guidance in actually preparing your application. HUD Field Office staff also will be available to help you identify organizations in your community that are involved in developing the Continuum of Care (CoC) system. Following conditional selection of applications, HUD staff will be available to assist selected applicants in clarifying or confirming information that is a prerequisite to the offer of a grant agreement or Annual Contributions Contract by HUD. However, between the application deadline and the announcement of conditional selections, HUD will accept no information that would improve the substantive quality of your application pertinent to HUD's funding decision.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you

should consult the HUD Web site at <http://www.hud.gov>.

II. Amount Allocated

Approximately \$1.060 billion is available for this Continuum of Care (CoC) competition in FY 2003. Any unobligated funds from previous CoC competitions or additional funds that may become available as a result of deobligations or recaptures from previous awards or budget transfers may be used in addition to 2003 appropriations to fund applications submitted in response to this program section of this SuperNOFA. The FY 2003 HUD Appropriation Act requires HUD to obligate all Continuum of Care homeless assistance funds by September 30, 2005. These funds will remain available for expenditure for five years following that date. The funds available for the CoC program can be used under any of three programs that can assist in creating community systems for combating homelessness. The three programs are:

- (1) Supportive Housing (SHP);
- (2) Shelter Plus Care (S+C); and
- (3) Section 8 Moderate Rehabilitation Single Room Occupancy for Homeless Individuals (SRO).

The chart in Appendix A to this program section of this SuperNOFA summarizes key aspects of the programs, and also provides the citations for the statutes and regulations that authorize these programs. The regulations listed in the chart provide more detailed descriptions of each of the programs.

As noted in Appendix A, for FY 2003, the minimum term of assistance for all new SHP projects is two (2) years. The minimum term for new HMIS is one (1) year. Any requests for one-(1) year terms for new SHP projects will be automatically changed to a two-year term if funded. In this case, the one-year budget will be doubled and the applicant will provide the difference between the awarded SHP amount and the two-year total budget. If the applicant does not agree to these conditions, the award will be deselected. The renewal term of expiring SHP projects will remain at the applicant's choice of one-, two- or three-year term.

As in previous funding availability announcements for the CoC Homeless Assistance Programs, HUD will not specify amounts for each of the three programs this year. Instead, the distribution of funds among the three programs will depend largely on locally determined priorities and overall demand. Local priorities notwithstanding, the FY 2003 HUD

Appropriations Act requires that not less than 30 percent of this year's Homeless Assistance Grants appropriation, excluding amounts provided for one-year renewals under the Shelter Plus Care Program, must be used for permanent housing projects. (See Sections V(A)(5)(b) and V(A)(8) of this program section of the SuperNOFA for additional information.) Since this permanent housing set-aside requirement is expected to continue to be part of future competitions and may affect project funding selections as described below, you are strongly encouraged to begin planning as soon as possible for new permanent housing projects to be included as part of your submission in this and future competitions.

Secretary Martinez has established as a HUD priority the elimination of chronic homelessness in ten years. Continuums, therefore, are strongly encouraged within the rating and ranking process to use the funds available in this NOFA to target the chronic homeless in their communities. Such projects awarded through any of the three programs will contribute to the Department's priority of ending chronic homelessness.

Under the FY 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY 2004, and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004, will be renewed for one year provided that they are determined to be needed by the CoC as evidenced by their inclusion on the priority chart. These projects must also meet the applicant and sponsor eligibility and capacity requirements described in Section V(A)(1) of this NOFA. However, these S+C renewal projects will not count against a continuum's pro rata need amount. On the other hand, no S+C renewal adjustment will be made to a CoC's pro rata need amount since these projects are being funded outside of the competition. Please be advised that S+C renewal applications that are not submitted as part of either a "consolidated" or "associated" CoC application will not be considered as eligible for funding. (See Section VI for a description of the three options for submitting applications.) Non-competitive S+C renewals should be submitted by the application deadline.

III. Program Description; Eligible Applicants; Eligible Activities

(A) Program Description

(1) *Developing Continuum of Care Systems.* The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed CoC systems to assist homeless persons, especially the chronically homeless, to move to self-sufficiency and permanent housing. The process of developing a CoC system to assist homeless persons is part of the community's larger effort of developing a Consolidated Plan. For a community to successfully address its often complex and interrelated problems, including homelessness, the community must marshal its varied resources—community and economic development resources, social service resources, housing and homeless assistance resources—and use them in a coordinated and effective manner. The Consolidated Plan serves as the vehicle for a community to comprehensively identify each of its needs and to coordinate a plan of action for addressing them.

In addition to prevention, a CoC system consists of four basic components:

- (a) A system of outreach and assessment for determining the needs and conditions of an individual or family who is homeless;
- (b) Emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing finders;
- (c) Transitional housing with appropriate supportive services to help those homeless individuals and families who are not prepared to make the transition to permanent housing and independent living; and
- (d) Permanent housing, or permanent supportive housing, to help meet the long-term needs of homeless individuals and families.

A CoC system is developed through a community-wide or region-wide process involving nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons. To ensure that the CoC system addresses the needs of homeless veterans, it is particularly

important that you involve veteran service organizations with specific experience in serving homeless veterans. A CoC system should address the specific needs of each homeless subpopulation: those experiencing chronic homelessness, veterans, persons with serious mental illnesses, persons with substance abuse issues, persons with HIV/AIDS, persons with co-occurring diagnoses, victims of domestic violence, youth, and any others. The term "co-occurring diagnoses" may include diagnoses of multiple physical disabilities or multiple mental disabilities or a combination of these two types.

Your application is more likely to be given a high score under the CoC scoring factors if the application demonstrates the achievement of three basic goals:

- That you have provided maximum participation by nonprofit organizations (including those representing persons with disabilities), government agencies, public housing authorities, faith-based and other community-based organizations and other homeless providers, housing developers and service providers, private businesses and business associations, law enforcement agencies, funding providers, and homeless or formerly homeless persons.

- That you have created, maintained and built upon a community-wide inventory of housing and services for homeless families and individuals; identified the full spectrum of needs of homeless families and individuals; and coordinated efforts to fill gaps between the current inventory and existing needs. This coordinated effort must appropriately address all aspects of the continuum, especially permanent housing.

- That you have instituted a CoC-wide strategy to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless individuals and families may be eligible. These programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program, and Veterans Health Care.

Should HUD determine, in its sole discretion, that sufficient evidence exists to confirm that the entity responsible for convening and managing the CoC process in a community has failed to follow locally established or

accepted procedures governing the conduct of that process or has failed to provide for a fair process, including a project priority selection process that gives equal consideration to projects proposed by nonprofit organizations, HUD reserves the authority to impose sanctions up to and including a prohibition on that entity and the individuals comprising that entity from participating in that capacity in the future. In making this determination, HUD will consider as evidence court proceedings and decisions, or the determinations of other independent and impartial review bodies. This authority cannot be exercised until after a description of procedural safeguards, including an opportunity for comment and appeal, and the specific process and procedures for imposing a prohibition or debarment, have been published in the **Federal Register**.

In deciding what geographic area you will cover in your CoC strategy, you should be aware that the single most important factor in being awarded funding under this competition will be the strength of your CoC strategy when measured against the CoC rating factors described in this program section of the SuperNOFA. When you determine what jurisdictions to include in your CoC strategy area, include only those jurisdictions that are involved in the development and implementation of the CoC strategy.

The more jurisdictions you include in the CoC strategy area, the larger the pro rata need share that will be allocated to the strategy area (as described in Section V(A)(5) of this program section of the SuperNOFA). However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the CoC strategy since this would adversely affect the CoC score. If you are a rural county, you may wish to consider working with larger groups of contiguous counties to develop a region-wide or multi-county CoC strategy covering the combined service areas of these counties.

Since the basic concept of a CoC strategy is to create a single, coordinated, inclusive homeless assistance system for an area, the areas covered by CoC strategies should not overlap. If the geography included in your CoC strategy geographically overlaps to the extent that it competes with another application, projects within the CoC application that receive the highest CoC score will be eligible for up to 40 Need points. Projects in the competing CoC application with the lower CoC score will be eligible for only 10 Need points. In no case will the same geographical area be used more than one

time in assigning Need points. The local HUD Field Office can help you determine if any of the areas proposed for inclusion by your CoC system is also likely to be claimed under another CoC system in this competition.

(2) *Prioritizing*. In HUD's view, project priority decisions are best made through a local process, which includes nonprofit organizations. Again this year, you must list all projects proposed for funding in priority order from the highest priority to the lowest, and indicate the applicant, project sponsor, and term for each project. Generally, this priority order will mean, for example, that if HUD has funds available only to award 8 of 10 proposed projects, then it will award funding to the first eight eligible projects listed, except as may be necessary to achieve the 30 percent overall permanent housing requirement—in which case higher priority non-permanent housing projects may be de-selected to fund lower priority permanent housing projects. Since you are now able to closely calculate your Continuum of Care's total pro rata need amount using information provided to you from HUD, and now that you no longer need to carry the large cost burden imposed by Shelter Plus Care five-year renewals, the tiering of projects (splitting into two or more projects by year or by units) on your priority list is not permitted.

To promote permanent housing, a special incentive is being provided to CoC systems that place an eligible, new permanent housing project in the number one priority slot on the priority list. The only eligible activities that will be counted toward the incentive for the number one priority project are housing activities and for SHP, administration. For the SHP program, housing activities include acquisition, new construction, rehabilitation, leasing of housing and operating costs for housing. Because S+C and SRO provide only rental assistance, they are by definition housing activities and are eligible as well. See Section V(A)(5)(b) of this program section of the SuperNOFA for a description of this incentive.

HUD will use this priority list to award up to 40 points per project under the "Need" scoring factors. Higher priority projects will receive more points under Need than lower priority projects. A project priority chart is included in the application kit and you should complete and submit it. If you do not submit clear project priority designations for the continuum, or if HUD, at its sole discretion, cannot determine priority designations, then HUD will give all projects the lowest score for Need.

(3) *Project renewals.* If your SHP or S+C grant will be expiring in calendar year 2004, or if your S+C Program grant has been extended beyond its original five-year term and is projected to run out of funds in FY 2004, you must apply under this CoC program section of the SuperNOFA to get continued funding.

Your local needs analysis process must consider the need to continue funding for projects expiring in calendar year 2004. HUD will not fund competitive renewals out of order on the priority list except as may be necessary to achieve the 30 percent overall permanent housing requirement. HUD reserves the authority to use FY 2004 funds, if available, to conditionally select for one year of funding lower-rated eligible SHP renewal projects that are assigned 40 need points in either a "consolidated" or "associated" CoC application receiving at least 20 points under the CoC scoring factor that would not otherwise receive funding for these projects.

It is important that SHP renewals and S+C non-competitive renewals meet minimum project eligibility and capacity standards identified in this program section of the SuperNOFA or they will be rejected from consideration for either competitive or non-competitive funding.

For the renewal of an SHP project, you may request funding for one (1), two (2) or three (3) years. The total amount of the request cannot exceed the average yearly amount received in total for leasing, supportive services, and/or operations for the grant being renewed, plus up to five percent for administration.

For the renewal of an S+C project, including S+C SROs, the grant term will be one (1) year, as specified by Congress. For the renewal of S+C rental assistance that is Tenant-based (TRA), Sponsor-based (SRA) or Project-based (PRA), you may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except that for S+C grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. While full funding of existing grants may be requested, there is no guarantee that the entire amount will be awarded. As is the case with SHP, HUD will recapture S+C grant funds remaining unspent at the end of the previous grant period when it renews a grant. The one-year term of non-competitively awarded S+C renewal projects may not be extended.

The renewal of S+C SROs will also be non-competitively awarded in this application process. The process for determining renewal funding amounts for S+C SROs, however, is substantially similar to the Section 8 Mod Rehab SRO program and is described in the application kit.

This program section of the SuperNOFA is not applicable to the renewal of funding under the Section 8 Mod Rehab SRO program. The renewal of expiring SRO projects is not part of the competitive SuperNOFA process. Rather, expiring SROs will be identified at the beginning of the applicable year by the public housing authority and HUD field office. One-year renewal funds will be provided by HUD under a separate, non-competitive process. For further guidance on Section 8 Mod Rehab SRO renewals, please contact your local HUD Field Office.

As a project applicant, you are eligible to apply for renewal of a grant only if you have executed a grant agreement for the project directly with HUD. If you are a project sponsor or subrecipient who has not signed such an agreement, you are not eligible to apply for renewal of these projects. HUD will reject applications for renewal submitted by ineligible applicants. If you have questions about your eligibility to apply for project renewal, contact the local HUD field office. To be considered an applicant when applying as part of a "consolidated" application, you must be an eligible applicant for the program for which you are applying, and you must submit an original, signed Form HUD-424 and the necessary certifications and assurances. (See Section VI for a description of the three options for submitting an application.) Only public housing authorities and private nonprofits are eligible applicants for the Section 8 Mod Rehab Single Room Occupancy SRO program. If you are a unit of general local government acting as an applicant for a consolidated application and plan to include a request for Section 8 SRO funds, you must have a public housing authority or nonprofit listed as the Section 8 SRO applicant and they must submit a signed Form HUD-424, along with all necessary certifications and assurances applicable to the Section 8 SRO project.

(B) *Eligible Applicants.* See Appendix A.

(C) *Eligible Activities.* See Appendix A.

IV. Program Requirements

(A) *Statutory and Regulatory Requirements.* If your project is selected for funding as a result of the competition, you will be required to

coordinate and integrate your homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, Welfare-to-Work grant program and Veterans Health Care. In addition, as a condition for award, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. While the state or local governmental entity having jurisdiction in the area of the Continuum's application has the formal responsibility to enact the discharge policy, the Continuum is expected to actively involve itself in the planning and implementation of the discharge policy. Starting in 2003, the effort of a CoC in this area will be rated in Exhibit 1 of the application. This condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

(B) Program specific requirements follow:

(1) *SRO Program.* As an applicant, you need to know that the following limitations apply to the Section 8 SRO program:

- Under section 8(e)(2) of the United States Housing Act of 1937, no single project may contain more than 100 assisted units;
- Under 24 CFR 882.802, applicants that are private nonprofit organizations must subcontract with a Public Housing Authority to administer the SRO assistance;
- Under section 8(e)(2) of the United States Housing Act of 1937 and 24 CFR 882.802, rehabilitation must involve a minimum expenditure of \$3,000 for a unit, including its prorated share of work to be accomplished on common areas or systems, to upgrade conditions to comply with the Housing Quality Standards.

- Under section 441(e) of the McKinney-Vento Act and 24 CFR 882.805(d)(1), HUD publishes the SRO per unit rehabilitation cost limit each year to take into account changes in construction costs. This cost limitation applies to rehabilitation that is compensated for in a Housing Assistance Payments Contract. For purposes of Fiscal Year 2003 funding, the cost limitation is raised from \$18,500 to \$19,000 per unit to take into account increases in construction costs during the past 12-month period.

- The SRO Program is subject to the Federal labor standards provisions at 24 CFR part 882, subpart H.

- Individuals assisted through the SRO Program must meet the definition of homeless individual found at section 103 of the McKinney-Vento Act.

(2) *Shelter Plus Care/ SRO Component.* With regard to the SRO component of the Shelter Plus Care program, if you are a State or a unit of general local government, you must subcontract with a Public Housing Authority to administer the Shelter Plus Care assistance. Also with regard to this component, no single project may contain more than 100 units.

(3) *Supportive Housing Program.* Please be advised that where an applicant for Supportive Housing Program funding is a State or unit of general local government that utilizes one or more nonprofit organizations to administer the homeless assistance project(s), administrative funds provided as part of the SHP grant must be passed on to the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds made available under the grant as having met this requirement. This requirement does not apply to either the SRO Program, since no administrative funds are provided as part of the grant, or to the S+C Program, since paying the costs associated with the administration of these grants is ineligible by regulation.

(4) *HUD will require recordation of a HUD-approved use and repayment covenant* (a form may be obtained from your field office) for all grants of funds for acquisition, rehabilitation or new construction. The covenant will enforce the use and repayment requirements found at section 423(b)(1) and (c) of the McKinney Act.

(C) *Match.* You must match Supportive Housing Program funds provided for acquisition, rehabilitation, and new construction with an equal

amount of funds from other sources. For operating costs, since by law SHP can pay no more than 75% of the total operating budget for supportive housing, you must provide at least 25% of the total annual operating costs. In addition, for all SHP funding for supportive services and Homeless Management Information Systems (HMIS) you must provide a 25% cash match. The cash source may be you, the Federal Government, State and local governments, or private resources. You must match rental assistance provided through the Shelter Plus Care Program in the aggregate with supportive services.

(D) *Timeliness Standards.* As an applicant, you are expected to initiate your approved projects promptly in accordance with Section II of this NOFA. In addition, HUD will take action if you fail to satisfy the following timeliness standards:

(1) *Supportive Housing Program*

- HUD will deselect your award if you do not demonstrate site control within one (1) year of the date of your grant award letter, as required by the McKinney-Vento Act (see 42 U.S.C. 11386(a)(3)) and implemented in program regulations at 24 CFR 583.320(a).

- HUD may de-obligate SHP funds if the following additional timeliness standards are not met:

- You must begin construction activities within eighteen (18) months of the date of HUD's grant award letter and complete them within thirty-six (36) months after that notification.

- For activities that cannot begin until construction activities are completed, such as supportive service or operating activities that will be conducted within the building being rehabilitated or newly constructed, you must begin these activities within three (3) months after you complete construction.

- You must begin all activities that may proceed independent of construction activities within twelve (12) months of the date of HUD's grant award letter.

(2) *Shelter Plus Care Program*

Components Except SRO Component. HUD may de-obligate S+C funds if you do not meet the following timeliness standards:

- For Tenant-based Rental Assistance, for Sponsor-based Rental Assistance, and for Project-based Rental Assistance without rehabilitation, you must start the rental assistance within twelve (12) months of the date of HUD's grant award letter.

- For Project-based Rental Assistance with rehabilitation, you must complete

the rehabilitation within twelve (12) months of the date of HUD's grant award letter.

(3) *SRO Program and SRO Component of the Shelter Plus Care Program.*

For projects carried out under the SRO program and the SRO component of the S+C program, the rehabilitation work must be completed and the Housing Assistance Payments contract executed within twelve (12) months of execution of the Annual Contributions Contract. HUD may reduce the number of units or the amount of the annual contribution commitment if, in HUD's determination, the Public Housing Authority fails to demonstrate a good faith effort to adhere to this schedule.

V. Application Selection Process

(A) *Review, Rating and Conditional Selection.* HUD will use the same review, rating, and conditional selection process for all three programs (SHP, S+C and SRO). The standard factors for award identified in the General Section of this SuperNOFA have been modified in this program section as described below. Only the factors described in this program section—Continuum of Care and Need—will be used to assign points. To review and rate applications, HUD may establish panels. In order to obtain certain expertise and outside points of view, including views from other Federal agencies, these panels may include persons not currently employed by HUD. Two types of reviews will be conducted. Paragraphs (1) and (2) below describe threshold reviews and paragraphs (3) and (4) describe factors—Continuum of Care and Need—that will be used to assign points. Up to 100 points will be assigned using these factors.

(1) *Applicant and sponsor eligibility and capacity.* HUD will review your capacity as the applicant and project sponsor to ensure the eligibility and capacity standards in this section are met. If HUD determines these standards are not met, the project will be rejected from the competition. The eligibility and capacity standards are:

- You must be eligible to apply for the specific program;
- You must demonstrate ability to carry out the project(s). With respect to each proposed project, this means that, in addition to knowledge of and experience with homelessness in general, the organization carrying out the project, its employees, or its partners, must have the necessary experience and knowledge to carry out the specific activities proposed, such as housing development, housing management, and service delivery;

- If you or the project sponsors are current or past recipients of assistance under a HUD McKinney-Vento Act program, there must have been no delay in meeting applicable program timeliness standards unless HUD determines the delay in project implementation is beyond your or the project sponsor's control, no unresolved HUD finding, or no outstanding audit finding of a material nature regarding the administration of the program; and

- You and the project sponsors must be in compliance with applicable civil rights laws and Executive Orders, and must meet the threshold requirements of Section V of the General Section of the SuperNOFA.

(2) *Project eligibility.* HUD will review projects to determine if they meet the following eligibility standards. If HUD determines the following standards are not met by a specific project or activity, the project or activity will be rejected from the competition.

- The population to be served must meet the eligibility requirements of the specific program as described in the program regulations and you must provide evidence of eligibility specified in the application kit. The application must clearly establish eligibility pertaining to homelessness and disability status.

- Projects that involve rehabilitation or new construction must meet the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, the design and construction requirements of the Fair Housing Act and the accessibility requirements of the Americans with Disabilities Act, as applicable.

The project must be cost-effective in HUD's opinion, including costs associated with construction, operations and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

- For the Section 8 SRO program, only individuals meeting HUD's definition of homeless are eligible for assistance. Therefore, any individual occupying a unit at the time of application is not eligible for the SRO program and upon returning after having vacated their unit during the rehabilitation period is not eligible to receive rental assistance under the SRO Program since they do not meet the McKinney-Vento Act definition of homeless individual.

- For those projects proposed under the SHP innovative category: Whether or not a project is a considered innovative will be determined on the basis that the particular approach proposed is new and can be replicated.

- Applicant agrees to participate in a local HMIS system when implemented. Standards for participation in an HMIS will soon be published by HUD.

(3) *Project quality.* HUD will review projects to determine if they meet the following quality standards. The housing and services proposed must be appropriate to the needs of the persons to be served. HUD may find a project to be inappropriate if:

- The type, scale and general location of the housing or services do not fit the needs of the proposed participants. A S+C or SHP project renewal will be considered as having met this requirement through its previously approved grant application unless information to the contrary is received.

- A specific plan for ensuring that clients will be assisted to obtain the benefits of the mainstream health, social service, and employment programs for which they are eligible is not provided.

- The description of the project does not show how participants will be helped to access permanent housing and achieve self-sufficiency. A S+C project renewal will be considered as having met this requirement through its previously approved grant application.

- Renewal projects do not evidence satisfactory performance for their existing grant in HUD's opinion based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. (New projects funded for one year in 2001 are not subject to this requirement.)

- Renewal projects do not evidence that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible as evidenced in their most recent Annual Progress Report.

- An applicant that proposes a new project does not evidence satisfactory performance for their existing or prior grants based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report.

(4) *Continuum of Care.* HUD will award up to 60 points as follows:

(a) *Process and Strategy.* HUD will award up to 20 points based on the extent to which your application demonstrates:

- The existence of a coordinated and inclusive community process, including organizational structure(s), for developing and implementing a CoC strategy which includes nonprofit organizations (such as veterans service organizations, organizations representing persons with disabilities, faith-based and other community-based

organizations, and other groups serving homeless persons), State and local governmental agencies, public housing authorities, housing developers and service providers, law enforcement, hospital and medical entities, funding providers, local businesses and business associations, and homeless or formerly homeless persons; and

- That a well-defined and comprehensive strategy has been developed which addresses the components of a CoC system (*i.e.*, prevention, outreach, intake, and assessment; emergency shelter; transitional housing; permanent and permanent supportive housing) and that strategy has been designed to serve all homeless subpopulations in the community (*e.g.*, seriously mentally ill, persons with multiple diagnoses, veterans, persons with HIV/AIDS), including those persons living in emergency shelters, supportive housing for homeless persons, or in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The CoC's statement on process and strategy must also include the following:

A description of how the Continuum will work with the appropriate local government entity to develop and implement a discharge policy for persons leaving publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons; and a description of the CoC's strategy and schedule for implementing an HMIS and its progress to date.

(b) *Gaps and Priorities.* HUD will award up to 15 points based on the extent to which your application:

(i) Describes the gap analysis performed, uses reliable information and sources that are presented completely and accurately; and

(ii) Proposes projects that are not inconsistent with the gaps analysis described in the CoC strategy, describes a fair project selection process, explains how gaps identified through the analysis are being addressed, and correctly completes the priority chart.

When HUD reviews a community's CoC to determine the points to assign, HUD will consider whether the community took its renewal needs into account in preparing its project priority list. (See discussion on renewals in Section III(A)(3) of this NOFA.)

(c) *Supplemental Resources.* HUD will award up to 15 points based on the extent to which your application incorporates mainstream resources and

demonstrates leveraging of funds requested under this program section of the SuperNOFA with other resources, including private, other public, and mainstream services and housing programs. To achieve the highest rating for this factor, applicants must evidence explicit Continuum-wide strategies to coordinate homeless assistance with mainstream health, social services and employment programs for which homeless populations may be eligible, and to use those benefits as appropriate and practicable to help offset supportive service costs of the programs that would otherwise be paid for with HUD funding. These include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act, the Welfare-to-Work grant program, and Veterans Health Care. To the extent that such mainstream benefits supplement, and ideally reduce, HUD's coverage of supportive service costs, greater resources will be available for housing.

(d) *Emphasis on housing.* HUD will award up to 10 points based upon the relationship between funds requested for housing activities and funds requested for supportive service activities among projects assigned 40 need points (excluding S+C renewals). Points will be awarded on a sliding scale with the Continuums with the highest percentage of approvable requests for funds for housing activities receiving the highest points. HUD will count as housing activity all approvable funds for rental assistance and approvable funds for acquisition, rehabilitation, construction, leasing and operations when used in connection with housing. HMIS costs will be excluded from this calculation as either a housing or supportive service cost.

(5) *Need.* HUD will award up to 40 points for need. There is a three-step approach to determining the need scores to be awarded to projects:

(a) *Determining relative need:* To determine the homeless assistance need of a particular jurisdiction, HUD will use nationally available data, including the following factors as used in the Emergency Shelter Grants program: data on poverty, housing overcrowding, population, age of housing, and growth lag. Applying those factors to a particular jurisdiction provides an estimate of the relative need index for that jurisdiction compared to other jurisdictions applying for assistance under this program section of the SuperNOFA.

(b) *Applying relative need:* HUD will then apply that relative need index to the total amount of funding estimated to be competitively available under this program section of the SuperNOFA to determine a jurisdiction's pro rata need. However, in order to promote permanent housing for the homeless, if a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's housing eligible activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or \$750,000, will be added to the final pro rata need amount for the Continuum. For this purpose, HUD will consider the same housing activities identified in Section D above as counting toward the permanent housing bonus. HUD also reserves the right to adjust pro rata need, if necessary, to address SHP project renewals.

(c) *Awarding need points to projects:* Once the pro rata need is established, it is applied against the priority project list in the application. Starting from the highest priority project, HUD proceeds down the list to award need points to each project. An eligible project will receive the full 40 points for need if at least one half of its requested amount falls within the pro rata need amount for that CoC. Thereafter, HUD proceeds further down the priority project list and awards 15 points for need to each project if at least one half of its requested amount falls within the "second level" of pro rata need amount for that CoC. The "second level" is the amount between the pro rata need and twice the pro rata need for the CoC. Remaining projects each receive 10 points. If projects are not prioritized for the Continuum, then all projects will receive 10 points for Need.

In the case of competing CoC applications from a single jurisdiction or service area, projects in the application that received the highest score out of the possible 60 points for CoC are eligible for up to 40 points under Need. Projects in the competing applications with lower CoC scores are eligible for only 10 points under Need.

(6) *Ranking.* HUD will add the score for CoC to the Need score to obtain a total score for each project. The projects will then be ranked from highest to lowest according to the total combined score.

(7) *Conditional Selection and Adjustments to Funding.*

(a) *Conditional Selection.* Whether a project is conditionally selected, as described in Section V (B) below, will depend on its overall ranking compared to others, except that HUD reserves the right to select lower rated eligible

projects in order to meet the 30 percent overall permanent housing requirement. (See Section V (A)(8) for additional selection information.)

When insufficient funds remain to fund all projects in the competition having the same total score, HUD will first fund permanent housing projects if necessary to achieve the 30 percent overall permanent housing requirement. HUD will then break ties among the remaining projects with the same total score by comparing scores received by the projects for each of the following scoring factors, in the order shown: Need, Overall CoC score, CoC Process and Strategy, CoC Gaps and Priorities, and CoC Supplemental Resources. The final tie-breaking factor is the priority number of the competing projects on the applicable CoC priority list(s).

(b) *Adjustments to Funding.* The Secretary of HUD has determined that geographic diversity is appropriate to carrying out homeless assistance programs in an effective manner. HUD believes that geographic diversity can be achieved best by awarding grants to as many CoCs as possible. To this end, in instances where any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa does not have at least one funded COC, HUD reserves the right to fund eligible project(s) receiving 40 Need points in the CoC with the highest total score in that jurisdiction. To qualify for funding, the total score for these first level projects on the CoC priority list must be at least 65 points. In the case of two or more CoCs with the same total score, HUD will use the tie-breaking rules described above. In addition, if the highest priority project passing threshold requirements within a CoC fails to meet the criteria for receiving 40 Need points, HUD reserves the right to reduce the total requested amount for that project to allow it to qualify for 40 Need points. Finally, if the total amount that would be awarded for first level projects in a CoC exceeds the final pro rata need amount for that COC by more than \$200,000, the lowest priority first level project being selected for funding will be reduced to the amount necessary to ensure that the total sum being awarded for such projects does not exceed the final pro rata need amount by more than \$200,000. HUD may otherwise adjust funding of applications in accordance with the provisions of Section VI(E) of the General Section of the SuperNOFA. In addition, HUD reserves the right to ensure that a project that is applying for, and eligible for,

selection under this competition is not awarded funds that duplicate activities.

(8) *Additional Selection*

Considerations. HUD also will apply the limitations on funding described below in making conditional selections.

In accordance with the appropriation for homeless assistance grants in the Fiscal Year 2003 Appropriation Act for HUD, HUD will use not less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts provided for renewals under the Shelter Plus Care Program, to fund projects that meet the definition of permanent housing. Projects meeting the definition of permanent housing for this purpose are: (1) New Shelter Plus Care projects, (2) Section 8 SRO projects, and (3) new and renewal projects under the Supportive Housing Program that are designated as either permanent housing for homeless persons with disabilities or Safe Havens projects having the characteristics of permanent housing for homeless persons with disabilities, including leases with the program participants, that, in addition, have been assigned at least 15 Need points, and which are submitted as part of either a "consolidated" or "associated" Continuum of Care application receiving at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30 percent of its pro rata need, up to \$3 million, for "second-level" permanent housing projects assigned 15 Need points that are selected for funding under this procedure. (See Section V(A)(5)(c) for definition of "second-level".) As stated above, HUD will award no less than 30 percent of the total FY 2003 Homeless Assistance Grants appropriation, excluding amounts for Shelter Plus Care renewals, for permanent housing projects unless an insufficient number of approvable permanent housing projects are submitted. In order to meet this permanent housing funding requirement and stay within the total funding amount available, initially selected Supportive Service Only (SSO) and non-permanent housing projects may need to be de-selected to add an adequate number of permanent housing projects, even if they are lower scoring housing projects. As a result, within a Continuum, higher priority SSO and non-permanent housing projects may need to be de-selected to include lower priority permanent housing projects. This is because HUD will initially select projects (permanent housing, SSO and other non-permanent housing alike) until the 30 percent permanent housing

requirement is met. Since this will likely exceed the total funding amount available for award, HUD will, if necessary, first proceed to de-select new SSO projects initially selected, starting with lowest scoring new projects and proceeding if needed to the lowest scoring new non-permanent housing projects initially selected. If the funding line is still exceeded, HUD will proceed to de-select SSO and non-permanent housing renewal projects until all selected projects are within the funding line.

In accordance with section 429 of the McKinney-Vento Act, HUD will award Supportive Housing funds as follows: not less than 25 percent for projects that primarily serve homeless families with children; not less than 25 percent for projects that primarily serve homeless persons with disabilities; and not less than 10 percent for supportive services not provided in conjunction with supportive housing. After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If not, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 463(a) of the McKinney-Vento Act, as amended by the Housing and Community Development Act of 1992, at least 10 percent of Shelter Plus Care funds will be awarded for each of the four components of the program: Tenant-based Rental Assistance; Sponsor-based Rental Assistance; Project-based Rental Assistance; and Section 8 Moderate Rehabilitation of Single Room Occupancy Dwellings for Homeless Individuals (provided there are sufficient numbers of approvable projects to achieve these percentages). After projects are rated and ranked, based on the factors described above, HUD will determine if the conditionally selected projects achieve these minimum percentages. If necessary, HUD will skip higher-ranked projects in order to achieve these minimum percentages.

In accordance with section 455(b) of the McKinney-Vento Act, no more than 10 percent of the assistance made available for Shelter Plus Care in any fiscal year may be used for programs located within any one unit of general local government. In accordance with section 441(c) of the McKinney-Vento Act, no city or urban county may have Section 8 SRO projects receiving a total of more than 10 percent of the assistance made available under this program. HUD is defining the 10 percent availability this fiscal year as \$10

million for Shelter Plus Care and \$10 million for Section 8 SRO. However, if the amount awarded under either of these two programs exceeds \$100 million, then the amount awarded to any one unit of general local government (for purposes of the Shelter Plus Care program) or city or urban county (for the purposes of the SRO program) could be up to 10 percent of the actual total amount awarded for that program.

Lastly, HUD reserves the right to reduce the amount of a grant if necessary to ensure that no more than 10 percent of assistance made available under this program section of the SuperNOFA will be awarded for projects located within any one unit of general local government or within the geographic area covered by any one Continuum of Care. If HUD exercises a right it has reserved under this program section of the SuperNOFA, that right will be exercised uniformly across all applications received in response to this program section of the SuperNOFA.

(B) *Action on Conditionally Selected Applications.* HUD will notify conditionally selected applicants in writing. As necessary, HUD will subsequently request them to submit additional project information, which may include documentation to show the project is financially feasible; documentation of firm commitments for cash match; documentation showing site control; information necessary for HUD to perform an environmental review, where applicable; and such other documentation as specified by HUD in writing to the applicant, that confirms or clarifies information provided in the application. HUD will notify SHP, SRO, S+C and S+C/SRO applicants of the deadline for submission of such information. If an applicant is unable to meet any conditions for fund award within the specified timeframe, HUD reserves the right not to award funds to the applicant, but instead either to use them to select the next highest ranked application(s) from the original competition for which there are sufficient funds available; or to add them to funds available for the next competition for the applicable program.

(C) *Applicant Debriefing.* See Section VII(E)(2) of the General Section of the SuperNOFA.

VI. Application Submission Requirements

The application kit provides the application materials, including Form HUD-424 and certifications, that must be used in applying for homeless assistance under this SuperNOFA.

These application materials substitute for the forms, certifications, and assurances listed in Section II(H) of the General Section of the SuperNOFA (collectively, the "standard" forms).

In addition to the required narratives, the items that you must submit to HUD as part of the application for homeless assistance funding are the following:

- (1) 2003 Application Summary Form
- (2) Continuum of Care and Project Exhibits
- (3) Gaps Analysis Form
- (4) Project Priorities Form
- (5) Project Leveraging Form
- (6) HUD-424
- (7) Applicant Certifications
- (8) Consolidated Plan Certification(s)

The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining forms (*i.e.*, excluding such items as narratives), referred to as the non-standard forms, can be found in the Application Kit.

The application requires a description of the Continuum of Care system and the proposed project(s). To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care element (described in Section V(A)(4) above), HUD is establishing a limitation of 25 pages, excluding required multiple page tables or charts but including any attachments, on the length of Exhibit 1 of any application submitted in response to this NOFA. HUD will not consider the contents of any pages exceeding this limit when rating the Continuum of Care element of any application. The application kit also contains certifications that the applicant will comply with fair housing and civil rights requirements, program regulations, and other Federal requirements, and (where applicable) that the proposed activities are consistent with the HUD-approved Consolidated Plan of the applicable State or unit of general local government. Projects funded under this SuperNOFA shall operate in a fashion that does not deprive any individual of any right protected by the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 *et seq.*), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) or the Age Discrimination Act of 1975 (42 U.S.C. 6101).

There are three options for submitting an application under this program section of the SuperNOFA.

One: A "Consolidated Application" is submitted when a jurisdiction (or a consortium of jurisdictions) submits a single application encompassing a

Continuum of Care strategy and containing all the projects within that strategy for which funding is being requested. Individual projects are contained within the one consolidated application. Grant funding may go to one entity which then administers all funded projects submitted in the application, or under this option, grant funding may go to all or any of the projects individually. Your application will specify the grantee for each project.

Two: "Associated Applications" are submitted when applicants plan and organize a single Continuum of Care strategy that is adopted by project sponsors or operators who choose to submit separate applications for projects while including the identical Continuum of Care strategy. In this case, project funding would go to each successful applicant individually and each would be responsible to HUD for administering its separate grant.

Three: A "Solo Application" is submitted when an applicant applies for a project exclusive of participation in any community-wide or region-wide Continuum of Care development process.

Options one and two are not substantively different and will be considered equally competitive. Applicants are advised that projects that are not a part of a Continuum of Care strategy will receive few, if any, points under the Continuum of Care rating factors.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications (See Section V of the General Section).

VIII. Appeals Process

Applicants may appeal the results of HUD's review and selection process if they believe a HUD error has occurred. Appeals must be in writing to the Assistant Secretary for Community Planning and Development and must state what HUD error the applicant believes has occurred.

IX. Environmental, Local Resident Employment, and Relocation Requirements

(A) Environmental Requirements

(1) *Finding of No Significant Impact.* A Finding of No Significant Impact (FONSI) with respect to the environment was made for this program section of the SuperNOFA, in accordance with HUD regulations at 24 CFR part 50 that implement section 102(2)(C) of the National Environmental

Policy Act of 1969 (42 U.S.C. 4223). The FONSI is available for public inspection during regular business hours in the Department's Office of the Rules Docket Clerk, Office of General Counsel, Room 10276, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410-0500.

(2) *Environmental Reviews.* All Continuum of Care assistance is subject to the National Environmental Policy Act and applicable related Federal environmental authorities. Section 208 of Public Law 106-377 (114 Stat. 1441, approved October 27, 2000) amended section 443 of the Stewart B. McKinney-Vento Homeless Assistance Act to provide that for purposes of environmental review, Continuum of Care projects shall be treated as assistance for special projects that are subject to section 305(c) of the Multifamily Housing Property Disposition Reform Act of 1994, and shall be subject to HUD's regulations implementing that section. The effect of this provision is that environmental reviews for Continuum of Care activities are to be completed by responsible entities (States or units of general local government) in accordance with 24 CFR part 58, whether or not the applicant is itself a State or a unit of general local government. Applicants (such as PHAs or nonprofit organizations) that are not States or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes those portions of 24 CFR 582.230 and 583.230 that provide for automatic HUD environmental review in the case of applications from such entities. With this exception, conditional selection of projects under the Continuum of Care Program is subject to the environmental review requirements of 24 CFR 582.230, 583.230, and 882.804(c), as applicable. Recipients may not commit or expend any Continuum of Care assistance or nonfederal funds on project activities (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35(b)) until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity. The expenditure or commitment of Continuum of Care assistance or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

(B) Local Resident Employment

To the extent that any housing assistance (including rental assistance) funded through this program section of the SuperNOFA is used for housing

rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to section 3 of the Housing and Urban Rehabilitation Act of 1968, and the implementing regulations at 24 CFR part 135. Section 3, as amended, requires that economic opportunities generated by certain HUD financial assistance for housing and community development programs shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons.

(C) Relocation

The SHP, S+C, and SRO programs are subject to the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA). These requirements are explained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property

Acquisition. Any person or family who moves, even temporarily, as a direct result of acquisition, rehabilitation or demolition for a project that is assisted through one of these programs (whether or not HUD funded the acquisition, rehabilitation or demolition) is entitled to relocation assistance. Displacement that results from leasing a unit in a structure may also trigger relocation requirements. Relocation assistance can be expensive. To avoid unnecessary costs, it is important to provide occupants with timely information notices, including a general information notice to be sent at the time the application is submitted to HUD. HUD Handbook 1378 contains guideform information notices. The HUD field office can provide a copy of the handbook and copies of appropriate information booklets to be provided to occupants. Accordingly, if the site is occupied, the applicant should contact the HUD field office in the planning stage to obtain advice, including help in estimating the cost of required relocation assistance.

X. Authority

The Supportive Housing Program is authorized by title IV, subtitle C, of the Stewart B. McKinney-Vento Homeless Assistance Act (McKinney-Vento Act), 42 U.S.C. 11381. Funds made available under this program section of the SuperNOFA for the Supportive Housing Program are subject to the program regulations at 24 CFR part 583.

The Shelter Plus Care program is authorized by title IV, subtitle F, of the McKinney-Vento Act, 42 U.S.C. 11403. Funds made available under this program section of the SuperNOFA for the Shelter Plus Care program are subject to the program regulations at 24 CFR part 582.

The Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings for Homeless Individuals (SRO) is authorized by section 441 of the McKinney-Vento Act, 42 U.S.C. 11401. Funds made available under this NOFA for the SRO program are subject to the program regulations at 24 CFR part 882, subpart H.

**APPENDIX A
CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS**

ELEMENTS	SUPPORTIVE HOUSING	SHELTER PLUS CARE	SECTION 8 SRO
AUTHORIZING LEGISLATION	Subtitle C of Title IV of the McKinney-Vento Homeless Assistance Act	Subtitle F of Title IV of the McKinney-Vento Homeless Assistance Act	Section 441 of the McKinney-Vento Homeless Assistance Act
IMPLEMENTING REGULATIONS	24 CFR part 583	24 CFR part 582	24 CFR part 882
ELIGIBLE APPLICANT(S)	<ul style="list-style-type: none"> • State • Units of general local government • Special purpose units of government such as public housing agencies (PHAs) • Private nonprofit organizations • CMHCs that are public nonprofit organizations 	<ul style="list-style-type: none"> • States • Unites of general local governments • PHAs 	<ul style="list-style-type: none"> • PHAs • Private nonprofit organizations
ELIGIBLE COMPONENTS	<ul style="list-style-type: none"> • Transitional housing • Permanent housing for disabled persons only • Supportive services not in conjunction with supportive housing • Safe Havens • Innovative supportive housing 	<ul style="list-style-type: none"> • Tenant-based • Sponsor-based • Project-based • SRO-based 	<ul style="list-style-type: none"> • SRO housing
ELIGIBLE ACTIVITIES See footnotes 1,2 and 3	<ul style="list-style-type: none"> • Acquisition • Rehabilitation • New construction • Leasing • Operating costs • Supportive services • Homeless Mngt. Info. System (HMIS) 	<ul style="list-style-type: none"> • Rental assistance 	<ul style="list-style-type: none"> • Rental assistance
ELIGIBLE POPULATIONS See footnote 2	<ul style="list-style-type: none"> • Homeless persons 	<ul style="list-style-type: none"> • Homeless disabled individuals • Homeless disabled individuals & their families 	<ul style="list-style-type: none"> • Homeless individuals
POPULATIONS GIVEN SPECIAL CONSIDERATION	<ul style="list-style-type: none"> • Homeless persons with disabilities • Homeless families with children 	Homeless persons who: <ul style="list-style-type: none"> • Are seriously mentally ill • Have chronic problems with alcohol and/or drugs • Have AIDs & related diseases 	N/A
INITIAL TERM OF ASSISTANCE	Minimum 2 years for SHP Minimum 1 year for HMIS	5 years: TRA, SRA, and PRA if no rehab 10 years: SRO, and PRA with rehab	10 years

Footnote 1: Homeless prevention activities are statutorily ineligible under these programs.

Footnote 2: Persons at risk of homelessness are statutorily ineligible for assistance under these programs.

Footnote 3: Acquisition, construction, rehabilitation, leasing, and operating costs for emergency shelters are statutorily ineligible for assistance under Shelter Plus Care and Section 8 SRO.

Continuum of Care Homeless Assistance Programs

OMB Approval No. 2506-0112 (exp. 6/30/2003)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public Reporting burden for this collection of information is estimated to average 44 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Continuum of Care Homeless Assistance: 2003 Competition SHP, S+C, and SRO Programs

General Instructions

Since 1987, the programs authorized under the McKinney-Vento Homeless Assistance Act have been a major source of Federal assistance to States, local governments, and nonprofit organizations for meeting the needs of homeless individuals and families. It is widely recognized and accepted that these and other programs designed to assist homeless persons are more effective and efficient when carried out through carefully planned and systematic local approaches, otherwise known as Continuum of Care systems. The application process under the 2003 Notice of Funding Availability (NOFA) gives heavy emphasis to programs that are designed and will be carried out under such systems. **Please give close attention to the NOFA since it is the document that controls the competition. If there is a conflict between information provided in the application kit and information provided in the published NOFA, the information in the published NOFA prevails.**

The homeless assistance application has two parts. The first is the process and outcome of the community-based homeless assistance plan – the Continuum of Care. The second consists of the exhibits for the specific program funds for which you are applying – Supportive Housing Program (SHP) New and Renewal, Shelter Plus Care (S+C) New and Renewal, and Section 8 Moderate Rehabilitation Single Room Occupancy Dwellings (SRO) Program.

Eligibility and Roles

Under each of the programs, there may be applicants and sponsors. An applicant will be responsible for the overall management and administration of the grant, including drawing down the grant funds, distributing them to the project sponsors, and reporting to HUD. Applicants can submit projects on behalf of project sponsors, who will actually carry out the proposed project activities. Applicants can also carry out their own projects. In these cases, the applicant is responsible for both administering/managing the grant (as the grantee) and carrying out the project (as the project sponsor).

Submitting Your Application

To HUD Headquarters. The original completed application (containing the original signed documentation) must be submitted to: Special Needs Assistance Programs Office, Room 7270, Office of Community Planning and Development, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410, Attention: Continuum of Care Programs.

To the Appropriate CPD Field Office. Two copies of the completed application must also be submitted to the Community Planning and Development Division of the appropriate HUD Field Office for the applicant's jurisdiction. Field Office copies must be received by the deadline date as well, but a determination that an application was received on time will be made **solely on receipt of the application submitted to HUD Headquarters in Washington.** The review and scoring will be based upon the contents of the submission received in HUD Headquarters.

See the General Section of this SuperNOFA for specific procedures governing the form of application submissions (e.g., mailed applications, express mail, or overnight delivery). **Please note that hand delivery is no longer permitted.**

The three ways to package an application under the NOFA are described below. Options one and two are developed from a single Continuum of Care strategy. They will be considered *equally competitive* and are not substantively different. A Solo Application, because it is not part of a single Continuum of Care strategy, will receive few, if any, points under the Continuum of Care rating criteria.

1. **A Consolidated Application** is developed from a **single Continuum of Care strategy** for a jurisdiction (or several jurisdictions) and contains funding requests for all the projects within that system. In a Consolidated Application there may be one applicant, which then administers all funded projects through project sponsors or multiple applicants that request funding.
2. **An Associated Application** is also developed from a **single Continuum of Care strategy**, but project funding is requested through individual applications and the applicant and project sponsor are the same entity.
3. **A Solo Application** is not connected to the community's Continuum of Care strategy, and the applicant and project sponsor are the same entity.

In both the Consolidated Application and the Associated Application there is a single Continuum of Care exhibit (Exhibit 1).

Application Exhibits

There are six exhibits in the homeless assistance portion of the application. Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and the project priorities. Exhibits 2, 2R, 3, 3R and 4 correspond to the three programs (SHP – New, SHP – Renewal, S+C - New, S+C - Renewal and SRO) and are used to describe the projects for which funding is requested. The SHP – Renewal Exhibit is new and will contain information pertaining to previously funded supportive housing projects.

A completed application will include one Exhibit 1 (Continuum of Care) and any number of Exhibits 2 (SHP New), and 2R (SHP Renewal), 3 (S+C New), 3R (S+C Renewal) and 4 (SRO), depending on the number of projects and type of programs proposed for funding. For example, if you were proposing five SHP Renewal projects and one S+C New project, then you would submit one Exhibit 1, five Exhibits 2R and one Exhibit 3. No submission would be necessary for Exhibit 4 because funding is not being requested under the SRO program. (Refer to *Assembling Your Application* on page iii for full assembling instructions.)

Exhibit 1: Continuum of Care

Exhibit 1 is a description of your community's Continuum of Care strategy, the process used to create that strategy, and a list of projects in priority order. You should pay special attention to Exhibit 1: Continuum of Care and the associated selection criteria in the 2003 NOFA. Scoring high on Exhibit 1 will be the key to the success of an application in this competition.

Exhibits 2 and 2R: Supportive Housing Program (SHP)

The Supportive Housing Program is designed to develop supportive housing and services that will allow homeless persons to live as independently as possible. Eligible applicants for SHP are States, units of local government, other governmental entities such as public housing agencies (PHAs), public nonprofit community mental health associations, and private nonprofits. A private nonprofit organization is any organization with tax exempt status under Section 501(c)(3) of the IRS Code, or an organization with documentation that it meets the requirements for private nonprofit status listed in the Glossary on page iv.

There are no eligibility requirements for project sponsors; however, a sponsor and any partners that will assist with a project must have the experience and skills to carry out the project.

When applying for SHP assistance, you should submit one Exhibit 2 for each new project and/or one Exhibit 2R for each renewal project.

Exhibits 3 and 3R: Shelter Plus Care (S+C) Program

The S+C Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. S+C was designed to give an applicant maximum flexibility by allowing the rental assistance to be tenant-, sponsor-, or project-based (with or without rehabilitation) or for SRO units. Eligible applicants are States, units of general local government, and PHAs. Under the sponsor-based component, an applicant must subcontract with a private nonprofit organization (see Glossary for definition) or a community mental health agency established as a public nonprofit organization. Under the SRO component, non-PHA applicants must subcontract with a PHA. For new project requests, see Exhibit 3 for specific details. For renewal requests, see Exhibit 3R.

When applying for S+C assistance, you should submit one Exhibit 3 for each new project and/or one exhibit 3R for each renewal. A project may not include more than one component.

Exhibit 4: Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program

SRO housing contains units for occupancy by one person. These units may contain food preparation or sanitary facilities, or both. The SRO Program provides rental assistance on behalf of homeless individuals in connection with the moderate rehabilitation of SRO dwellings. Resources outside the program pay for the rehabilitation; however, the rental assistance covers operating expenses of the SRO housing, including debt service for rehabilitation financing. Eligible applicants are private nonprofit organizations which subcontract with PHAs (see Glossary for definition), and PHAs. Please note that States and units of local government are **not** eligible applicants for the SRO Program.

As an applicant, if you are a private nonprofit organization, you must subcontract with a PHA to administer the rental assistance. An application may contain multiple projects (multiple Exhibit 4's), but each project may not contain more than 100 assisted units.

Scoring

HUD will review and rate all three programs using the same process. Two types of reviews will be conducted. One is a threshold review of each proposed project for the specific criteria identified in the NOFA. Projects that do not meet these requirements will be eliminated from the competition. In the other review, HUD will assign up to 60 points for the community's Continuum of Care (CoC) strategy and up to 40 points for that community's relative need for housing and services for homeless persons. The NOFA describes fully the criteria HUD will use to assign points and should be read carefully. Please note this year that there will not be a bonus of up to two (2) points for projects located within an Empowerment Zone/Enterprise Community (EZ/EC).

Applicants conditionally selected for funding under the SHP, SRO, or the SRO component of the S+C program will be required to provide additional information in the form of a Technical Submission at a later date.

Assembling Your Application

Please assemble your application as outlined below, with tabs marking each exhibit and project and all pages numbered sequentially. Be sure to complete the Application Summary Form using the Geographic Area Guide included with the application kit. Please also pay special attention to the HUD-424, the form that indicates who the applicant is for a project. (Project sponsors do not fill out an HUD-424 unless they are also the applicant for the project.) This form helps HUD determine if an organization is eligible to apply for a specific program and for which projects it will be the grantee. It is essential, therefore, that you complete and sign the form, along with the Applicant Certification and, where appropriate, submit private nonprofit documentation or community mental health association documentation, followed by the projects for which you will be the grantee. The law requires a Consolidated Plan Certification for *each* project.

For a Consolidated Application with one applicant, an Associated Application, or a Solo Application, assemble the application as shown below. For a Consolidated Application with multiple applicants, the first applicant should submit all the information in the order shown below. The second applicant would then insert its HUD-424 form, Applicant Certification, and, if applicable, private nonprofit documentation or community mental health association documentation followed by its project exhibit(s), Consolidated Plan Certification(s) and the required HUD Form-2880. For additional applicants, this order would be repeated.

Assembly order:

1. Application Summary Form
2. Exhibit 1: Continuum of Care
3. Certifications/Forms
 - a. HUD-424 Form (signed by applicant)
 - b. Applicant certifications (signed by applicant)
 - c. Private nonprofit documentation [SHP, SRO, and S+C (SRA component) programs] – New Applicants
 - d. Community mental health association documentation (for SHP public nonprofits only) – New Applicants
4. Project exhibits including a Consolidated Plan Certification, HUD Form 2880-Disclosure/Update Report, **and Special Project Certifications** – (a) Coordination and Integration of Mainstream Programs, and (b) Discharge Policy (as applicable).

Assembly Format:

1. Number all pages sequentially and insert tabs marking each exhibit. For Exhibit 1, Continuum of Care narrative, number pages from 1 up to 30 using letter suffixes where appropriate to indicate pages that do not count toward the 30 page limit as per the instructions for completing the Continuum of Care narrative. For example, the first page of a 4 page project leveraging chart would be numbered 23 while the next 3 pages of the chart would be numbered 23-A, 23-B, and 23-C.
2. Please use a two-hole punch to insert holes at the *top* of your application.
3. Please do not bind your application, since this impedes processing.

Deadline

It is critical that you check the NOFA published in 2003 for the deadline date. Please carefully review the NOFA for specific information on meeting the application submission deadline.

Glossary

Applicant. An entity that applies to HUD for funds. In order to be an applicant, you must submit a HUD-424. If selected for funding, the applicant becomes the grantee and is responsible for the overall management of the grant, including drawing grant funds and distributing them to project sponsors. The applicant may also be a project sponsor.

Applicant Certification. The form, required by law, in which an applicant certifies that it will adhere to certain statutory requirements, such as the Civil Rights Act of 1964.

Chronically Homeless Person. An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

Consolidated Plan. A long-term housing and community development plan developed by State and local governments and approved by HUD. The Consolidated Plan contains information on homeless populations and can be a source of information for the Gaps Analysis Chart. The plan contains both narratives and maps, the latter developed by localities using software provided by HUD.

Consolidated Plan Certification. The form, required by law, in which a state or local official certifies that the proposed activities or projects are consistent with the jurisdiction's Consolidated Plan and, if the applicant is a State or unit of local government, that the jurisdiction is following its Consolidated Plan.

Continuum of Care. An approach that helps communities plan for and provide a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons.

Current Inventory. An inventory of the community's existing beds and supportive services.

Homeless Management Information Systems (HMIS). An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. It is designed to aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. The HMIS can provide data on client characteristics and service utilization.

Homeless Person. A person sleeping in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter. For a more detailed discussion, see the Questions and Answers Supplement. The programs covered by this application are not for populations who are at risk of becoming homeless.

NOFA. Notice of Funding Availability, published in the *Federal Register* to announce available funds and application requirements.

Private Nonprofit Status (includes faith-based and community-based organizations). Private nonprofit status is documented by submitting either: a) a copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c)(3) of the IRS Code; or b) documentation showing that the applicant is a certified United Way agency; or c) a certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; that the organization practices nondiscrimination in the provision of assistance; and that the organization has a functioning accounting system that provides for each of the following (mention each in the certification):

1. Accurate, current and complete disclosure of the financial results of each federally-sponsored project.
2. Records that identify adequately the source and application of funds for federally-sponsored activities.
3. Effective control over and accountability for all funds, property and other assets.
4. Comparison of outlays with budget amounts.
5. Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of the funds for program purposes.
6. Written procedures for determining the reasonableness, allocability and allowability of costs.
7. Accounting records including cost accounting records that are supported by source documentation.

Public Nonprofit Status. Public nonprofit status is documented for community mental health centers by including a letter or other document from an authorized official stating that the organization is a public nonprofit organization.

Project Sponsor. The primary organization responsible for carrying out the proposed project activities. A project sponsor does not submit a HUD-424, unless it is also the applicant.

HUD Form 424. The information sheet required to be submitted by applicants requesting HUD Federal Assistance.

Exhibit 1: Continuum of Care

Developing a Continuum of Care

HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless individuals and families. To this end, HUD is encouraging localities to shape a comprehensive and coordinated housing and service delivery system called a Continuum of Care.

A Continuum of Care approach helps communities plan for and provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of homeless persons so they can make the critical transition from the streets to jobs and independent living.

The fundamental components of a **Continuum of Care** system are:

- Homeless prevention
- Outreach and assessment to identify an individual's or family's needs and make connections to facilities and services.
- Immediate (emergency) shelter and safe, decent alternatives to the streets.
- Transitional housing with appropriate supportive services to help people reach independent living. Such services include job training and placement, substance abuse treatment, short-term mental health services, and independent living skills training.
- Permanent housing or permanent supportive housing arrangements.

While many homeless people will not need access to all components, each component must be present and coordinated within a community for a Continuum of Care to be viable. A Continuum of Care system serves the specific needs of all homeless subpopulations within the community. It is coordinated with as inclusive a group of community representatives as possible, such as nonprofit organizations (including faith-based and community-based organizations), State and local governmental agencies, public housing authorities (PHAs), service providers, local businesses and business associations, law enforcement, private funders and homeless or formerly homeless persons.

While the Continuum of Care approach can serve as a framework to bring homeless housing and services and their respective providers together, only the community—not HUD—can design a strategy that works best.

As part of the development and ongoing refinement of a Continuum of Care strategy, communities should assess the service and housing needs of homeless persons in their locality, inventory the existing resources available to serve them, and identify gaps. This assessment will help to ensure that the needs of all homeless persons will be met to the extent practicable.

If you are a service or housing provider for homeless persons and you are not currently involved in a Continuum of Care process, feel free to contact your local HUD Field Office to identify other organizations in your area that have established a Continuum of Care system and may be applying for funding.

Choosing a Geographic Area

The geographic area included in your Continuum of Care system may be composed of one or more cities or counties. The geographic area of one Continuum of Care system should not overlap any portion of the service area of any other system. If Continuum of Care systems geographically overlap to the extent that they are competing with each other, projects in the application that receive the highest score out of the possible 60 points for Continuum of Care will be eligible for up to 40 points under Need. Projects in the competing application with the less effective Continuum of Care system will be eligible for only 10 points under Need. In no case will the same geography be used more than one time in assigning Need points. The local HUD Field Office can help determine if any of the area covered by one Continuum of Care system is also likely to be claimed under another Continuum of Care in this competition.

In determining what jurisdictions to include in a Continuum of Care strategy, you should only include those jurisdictions that are fully involved in the development and implementation of the strategy. You should be aware that the larger the area included in a Continuum of Care strategy, the larger the pro rata need share that will be allocated to the strategy area. However, it would be a mistake to include jurisdictions that are not fully involved in the development and implementation of the Continuum of Care strategy, since this would adversely affect the Continuum of Care score. Because most rural counties have extremely small pro rata need shares, they are strongly encouraged to consider working with contiguous counties to develop a region-wide Continuum of Care strategy covering the combined service areas of these counties.

Continuum of Care Narrative

The Exhibit 1 submission for applicants involved in the same Continuum of Care strategy must be identical. The information will be in narrative and chart form, as indicated below.

To ensure that no applicant is afforded an advantage in the rating of the Continuum of Care Exhibit [described in Section V(A)(4) of the NOFA], HUD is establishing a limitation of 30 pages on the length of Exhibit 1. Except as indicated herein, all pages, including attachments, are counted towards the 30-page limitation. **HUD will not consider the contents of any pages exceeding this limit when rating Exhibit 1: Continuum of Care of any application.**

1. Your Continuum of Care's accomplishments.

Briefly describe the specific accomplishments over the past 12 months in implementing your Continuum of Care strategy. (Please keep discussion to no more than half a page)

2. Your community's planning process for developing a Continuum of Care strategy.

In order to determine the quality and inclusiveness of your Continuum of Care (CoC) **planning process**, please provide the following:

- a. **Identify** the lead entity (i.e., convener or organization managing the overall process) for the CoC planning process.
- b. **Describe** your community's CoC planning process, demonstrating that one well-coordinated process is in place with no overlapping or duplicative efforts.
- c. **List** the dates and main topics of your CoC planning meetings held since June 2002, which should demonstrate that these meetings (**both plenary and committee**) are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.
- d. **List**, using the format on the following page:

(1) the specific names and types of organizations involved in your Continuum of Care (CoC) planning process, such as State and local government agencies, Public Housing Authorities (PHAs), nonprofit organizations, individual businesses or business associations, homeless or formerly homeless persons, and others, including law enforcement, hospital or medical facility representatives, and funders;

(2) the one or two subpopulation(s) the organization/entity primarily serves and whose interests they are specifically focused on representing; and

(3) each organization's level of participation in the planning process. High participation levels might include: steering committee member attends all monthly planning meetings, housing subcommittee member attends most CoC planning meetings, gaps analysis subcommittee chairperson attends all group meetings and most CoC planning meetings, etc. In order to obtain a higher competitive score for "participation", planning participants must attend most of the planning and/or committee meetings. In addition, if more than one geographic area is claimed on the 2003 Application Summary page, you must indicate which geographic area(s) each organization represents in your Continuum of Care planning process.

(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Example: Nonprofit Org.: ABC, Inc.	City of Ajax	HIV/AIDS	Com. Chair attends all planning meetings
State agencies:			
Local government agencies:			
Public Housing Authorities (PHAs):			
Nonprofit organizations: (includes Faith-Based organizations):			
Businesses / Business Associations:			
Homeless / Formerly homeless persons:			
Other: e.g.: Law Enforcement: Hospital/Medical: Fundors:			

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

3. Your community's Continuum of Care goals and system under development.

The key to developing a successful Continuum of Care is to continually assess the existing system and identify shortcomings or gaps, then establish a set of goals and carry out a series of action steps intended to address these shortcomings or gaps. With this in mind, please provide the following:

A. Chronic Homelessness Strategy/Goals

Chronic homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.

- (1) **Past Performance.** In 2001, HUD established a goal of eliminating chronic homelessness within 10 years. HUD is beginning to track progress made toward this ambitious goal. Please tell us using no more than 2 pages: (a) the specific actions that your community has taken over the past year towards ending chronic homelessness; and (b) any remaining obstacles to achieving this goal.
- (2) **Current Chronic Homelessness Strategy.** In order to keep HUD informed of your chronic homelessness strategy, please provide a brief summary of the community's strategy for ending chronic homelessness by 2012, including any updates to your strategy. As a part of this discussion, please include in this narrative the number of sheltered and unsheltered chronically homeless persons identified on the "CoC: Homeless Population and Subpopulations Chart" (see page 10). *(Your response is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.)*
- (3) **Future Goals.** Describe your specific future-oriented goals, and specific action steps for each to be undertaken over the next 18 months in carrying out a strategy to end chronic homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Be sure to include among your goals/action steps each of the plans for housing and services mentioned in sections 3.E. and 3.F. Please use the following format. (Add to as needed for additional goals.)

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Ex: Count unsheltered homeless to establish baseline	Annual street counts of unsheltered homeless persons	Emergency Shelter Commission	January 2004
Goal 1:			
Goal 2:			
Goal 3:			

B. Other Homelessness Goals Chart

- (1) Please provide a summary of accomplishments made over the past year in addressing your community's other homelessness goals.
- (2) In addition to the goals for ending chronic homelessness, please describe any other goals and specific action steps that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following format.

Goal: Other Homelessness	Action Steps	Responsible Person/Organization	Target Dates
Goal 1:			
Goal 2:			
Goal 3:			

C. Discharge Planning Policy

The McKinney-Vento Act requires that any governmental agency receiving funding may not receive HUD McKinney funds unless they develop and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care. These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions. The purpose of developing and implementing discharge policies is to prevent persons being discharged from immediately becoming homeless.

Describe how your CoC will work with the appropriate local and State governments to ensure that a discharge policy for persons leaving publicly funded institutions or systems of care is being developed and implemented to prevent the discharge of persons from immediately resulting in homelessness.

D. Unexecuted Grants Awarded Prior to the 2002 Continuum of Care Competition

Homeless assistance awards are intended to rapidly help homeless individuals and families become more self-sufficient. It is expected that continuums will keep apprised of grants awarded to homeless providers in their jurisdiction(s) and become aware of projects that are not moving forward. Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2002 that are not yet under contract (i.e. signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Ex: MI23B901002	Michiana Homes, Inc.	TH for Homeless Families	\$514,000
Total			

E. Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned. Describe how homeless persons access or receive assistance under each component other than *Outreach*. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Fundamental Components in CoC System -- Service Activity Chart
<p>Component: <i>Prevention</i></p> <p>Services in place: Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider.</p> <p>Services planned:</p> <p>How persons access/receive assistance:</p>
<p>Component: <i>Outreach</i></p> <p>Outreach in place: (1) Please describe the outreach activities for homeless persons who are living on the streets in your CoC area and how they are connected to services and housing. (2) Describe the outreach activities that occur for other homeless persons.</p> <p>Outreach planned: Describe any planned outreach activities for (1) persons living on the streets; and (2) for other homeless persons.</p>
<p>Component: <i>Supportive Services</i></p> <p>Services in place: Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other.</p> <p>Services planned:</p> <p>How homeless persons access/receive assistance:</p>

F. Housing Activity Chart

How to Complete the Housing Activity Chart

Starting with the information on the 2002 Housing Activity Chart, please update that information and show all housing activity on the following chart for 2003. Please provide information on each facility concerning: (1) the location of the facility/voucher program, using HUD's geographic codes, (2) the target populations, and (3) each facility/voucher program under development.

Geo Code column: Indicate the Geographic Area Code (Geo Code) for the facility. Where there is only one geographic code for the Continuum, check the box and indicate that code in the first facility listing only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the inventory is located.

Target Population columns:

Column A, Select the code that best represents your project: SM=only Single Males (18 years and over); SF=only Single Females (18 years and over); SMF=only Single Males and Females (18 years and over with no children); FC=Families with Children; YM=only unaccompanied Young Males (under 18 years), YF=only unaccompanied Young Females (under 18 years), YMF=unaccompanied Young Males and Females (under 18 years), and O=Others.

Column B, Indicate whether the facility serves these additional characteristics: DV=only Domestic Violence victims, VET=only Veterans, and AIDS=only persons with HIV/AIDS.

Current Inventory: List all facilities and voucher programs that are currently operating.

Under Development: List all the projects that are fully funded but are not yet serving homeless people.

(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Fundamental Components in CoC System -- Housing Activity Chart								
Component: <i>Emergency Shelter</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
Ex: Homeless Help, Inc.	Donovan's Shelter	180084	SF	DV	25	30		
Ex: Jacob's House	Voucher Program	090102	FC				42	54
			Subtotal					
Under Development								
Ex: Michael's House, Inc.	Haven Place		SF					27
			Subtotal					
Component: <i>Transitional Housing</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Alpha, Inc.	A New Beginning	180084	SM	VET	18	23		
			Subtotal					
Under Development								
			Subtotal					
Component: <i>Permanent Supportive Housing**</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Lazarus, Inc.	Home At Last	180084	SM		35	50		
			Subtotal					
Under Development								
			Subtotal					

*CoCs that list only one geographic code in their Application Summary sheet may check this box and should identify the Geographic Code. All other CoCs must identify the location of each facility by the geographic code.

**Permanent Supportive Housing is Shelter Plus Care (S+C), Section 8 SRO and Supportive Housing Program-Permanent Housing component (SHP-PH). It also includes any permanent housing projects dedicated exclusively to serving homeless persons such as public housing units that have been dedicated to housing homeless persons.

4. Instructions for Continuum of Care Housing Gaps Analysis and Homeless Population Charts

Housing Gaps Analysis Chart

This required chart summarizes the information from the Fundamental Components in the CoC System -- Housing Activity Chart and represents the CoC's judgment as to the need for additional emergency, transitional housing and permanent supportive housing resources. The estimated unmet need is based upon the status of the inventory at a point-in-time (one-day) and takes into account both existing beds and funded new beds that are not yet ready for occupancy but are under development.

Include this required chart with your Continuum of Care narrative in your Exhibit 1 submission.

1. **Complete the first column "Current Inventory in 2003."**
Enter the number of existing beds serving the community in 2003. This inventory includes only beds currently available for occupancy. The completion of the "Current Inventory in 2003" for emergency shelter, transitional housing, and permanent supportive housing beds must be carried over from the subtotals shown under "Current Inventory" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.
2. **Complete the second column "Under Development in 2003."**
Enter the number of funded new beds not ready for occupancy but under development in 2003. The completion of "Under Development in 2003" must be carried over from the subtotals shown under "Under Development" in each of the three housing component areas contained in the Fundamental Components Housing Activity Chart.
3. **Complete the third column "Unmet Need/Gap."**
Enter the number of beds the CoC determines to be the unmet remaining need for each category. This number should represent the need for additional beds after the current inventory and under development inventories are considered. This represents the Continuum of Care's judgment on the need for additional beds under each category.

Homeless Population and Subpopulations Chart

Completing Part 1: Homeless Population. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Completing Part 2: Homeless Subpopulations. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. **Do not count:** (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

5. Methods used to Collect Information for the Housing Gaps Analysis and Homeless Population/Subpopulations Charts

In order to assess the quality of the data identified by your community, please provide the following:

- a. **For Housing Gaps Analysis Chart** identify the data source (e.g., City Shelter Survey), and the methods (e.g., mail survey) for filling out the "Current Inventory in 2003" and "Under Development in 2003" columns. Briefly describe the basis for the community's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.
- b. **Provide your community's definition of emergency shelter and transitional housing.**
- c. **For the Part 1 Homeless Population and Subpopulations Chart** indicate the specific **point-in-time** date of data collection (e.g., March 30, 2003) for both the "sheltered" and "unsheltered." This must be only a one-day/night count. Describe your community's process and methods for collecting the data, including the reason(s) your community chose those methods. If your community conducts an enumeration of persons at least annually or uses administrative data from outreach programs to those living on the street, please provide a description of the lead agency/contact person and the process for data collection and coverage in the community.
- d. **For the Part 2 Homeless Population and Subpopulations Chart** indicate the methods for determining homeless subpopulations in general **and** the chronic homeless in particular.
- e. **Describe your community's plans** for conducting an annual update of the Fundamental Components in the CoC System Housing Activity Chart.
- f. **Describe your community's process** for conducting regular point-in-time counts (not less than once every three years) of the "sheltered" and "unsheltered" categories in order to complete Part 1 and 2 of the Homeless Population and Subpopulations Chart **and** the collection methods you plan to use.

Continuum of Care: Housing Gaps Analysis Chart

		Current Inventory in 2003	Under Development in 2003	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
	Total			
Persons in Families With Children				
Beds	Emergency Shelter			
	Transitional Housing			
	Permanent Supportive Housing			
	Total			

Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals				
2. Homeless Families with Children				
2a. Persons in Homeless Families with Children				
Total (lines 1 + 2a)				
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless				
2. Seriously Mentally Ill				
3. Chronic Substance Abuse				
4. Veterans				
5. Persons with HIV/AIDS				
6. Victims of Domestic Violence				
7. Youth				

6. Homeless Management Information System (HMIS). (Your response to this item will not count towards your 30-page limitation.)

Congress has established a national goal that all communities should be collecting an array of data on the homeless, including unduplicated counts of the homeless, their use of services and the effectiveness of local assistance systems. In order to achieve this objective, HUD has encouraged communities to develop a Homeless Management Information System (HMIS).

- a. Describe in a brief narrative your Continuum of Care (CoC) strategy to implement an HMIS, providing a schedule for implementation and describing the progress you have made to date, including obtaining the participation of emergency shelter, transitional housing and McKinney-Vento permanent supportive housing providers.
- b. Please check one of the following which best reflects the status of your CoC in having a Continuum-wide HMIS (see Section O of the "Questions and Answers" supplement to the application before completing):

- The CoC has not yet considered implementing an HMIS.
- The CoC has been meeting and is considering implementing an HMIS.
- The CoC has decided to implement an HMIS and is selecting needed software and hardware.
- The CoC has implemented a Continuum-wide HMIS.
- The CoC has implemented, but is seeking to update or change its current HMIS.
- The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.

- c. **If your CoC has already implemented or is seeking to update or expand its HMIS system,** identify in the table below how many of the Current Inventory in 2003 beds listed on your Housing Gaps Analysis chart are included in the CoC's HMIS and are currently providing data on clients into the system. For each Current Inventory in 2003 Housing Activity category, indicate the number of beds that are providing client level data into the HMIS and the percent of coverage for that category. For example: there are 100 beds in the Current Inventory in 2003 for the Individuals/Emergency Shelter category and client level data into the HMIS are provided for 60 of these beds. Place 60 beds/60 percent in the following chart for the Individuals/Emergency Shelter category.

	Current Inventory in 2003 Beds/Percentage Providing Client Data into HMIS	
	Individuals	Families
Emergency Shelter	____/____	____/____
Transitional Housing	____/____	____/____
Permanent Supportive Housing	____/____	____/____

7. Priorities.

Having now assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. Using your gaps analysis findings, complete the *Continuum of Care: Project Priorities* chart that follows according to the instructions provided. (Refer to the chart for specific instructions and examples.)
- b. Describe the methods you use to determine whether projects up for renewal are: (1) performing satisfactorily and (2) effectively addressing the need(s) for which they were designed.
- c. Describe how each project proposed for funding will fill a gap in your community's Continuum of Care system. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)
- d. Demonstrate how the project selection and priority placement processes were conducted **fairly and impartially**, and gave equal consideration to projects sponsored by nonprofit organizations. In doing so, (1) specify your open solicitation efforts for projects; (2) identify the objective rating measures applied to the projects and demonstrate that participants on the review panel or committee are unbiased; and (3) explain the voting system used. Finally (4), if written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved.

8. Supplemental Resources.

HUD funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. This being the case, please provide the following:

- A. **Project Leveraging.** Fill out the *Continuum of Care: Project Leveraging* chart. (See instructions with chart).
- B. **Enrollment and Participation in Mainstream Programs.**
Describe your Continuum of Care-wide strategy currently in place to **systematically**:
 - (1) **IDENTIFY ELIGIBILITY** of homeless persons for mainstream programs.
 - (2) **HELP ENROLL** them in the following programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Workforce Investment Act, Veterans Health Care.
 - (3) **ENSURE THEY RECEIVE** assistance under each of the programs for which they are enrolled.
- C. **Participation in Mainstream Programs and Employment.**

In order for HUD to assess the results of your continuum's effort in implementing this strategy, please complete the following chart. The source of information is from the most recent Annual Progress Report (APR) for all SHP and SPC renewals being submitted in this year's competition.

Instructions for filling out the Participation in Mainstream Programs and Employment chart:

- Column 1 – *Income Source.* Use these income sources from the APR (Question 11).
- Column 2 – *Adults Who Exited (All Renewals).* For each SHP and SPC renewal being submitted in this year's competition, use APR Question 2C (*Number who left the program during the operating year*). For each APR, add the *Number of Singles Not in Families* and the *Number of Adults in Families*. The total represents the number of adults who exited the project during the operating year. Add the total from each renewal's APR to get the total number of adults in the CoC who left the projects during the operating year.
- Column 3 – *Source of Income at Entry.* Using the information in each project's APR Question 11C (*Income Sources at Entry*), add the total number of exiting adults who, upon entry to the project, already had each source of income.
- Column 4 – *% with Income at Entry.* Divide Column 3 by Column 2, multiply by 100 and round.
- Column 5 – *Source of Income at Exit.* Using the information in each project's APR Question 11D (*Income Sources at Exit*), add the total number of adults who, upon exiting the project, had each source of income.
- Column 6 – *% with Income at Exit.* Divide Column 5 by Column 2, multiply by 100 and round.
- Column 7 – *Entry / Exit Difference.* Subtract Column 4 from Column 6.

IMPORTANT: If you are not submitting any renewals in this year's competition, provide the chart using the most recent APR for all currently operating SHP and SPC projects in your continuum.

Participation in Mainstream Programs and Employment Chart

What is the total number of projects represented in this chart? _____

1 Income Source	2 Adults Who Exited (All Renewals)	3 Source of Income at Entry	4 % w/ Income at Entry (Col 3+Col 2)	5 Source of Income at Exit	6 % w/ Income at Exit (Col 5+Col 2)	7 Entry/Exit Difference (Col 6 – Col 4)
a. SSI	854	129	15.1%	174	20.4%	5.3
e. TANF	854	91	10.7%	126	14.8 %	4.1
a. SSI						
e. TANF						
h. Employment Income						
k. Medicaid						
l. Food Stamps						
n. No Financial Resources						

- D. **Use of Other Mainstream Resources.** Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist **homeless persons** (see definition of "homeless person" in Glossary). "Prevention" activities are *not* to be included. Please ensure that there is no overlap between the resource funds listed on your Project Leveraging Chart and the uses/projects described below. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Mainstream Resources	Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	Specific Project Name	\$ Amount or number of units/beds provided within last 2 years specifically for the homeless
CDBG			
HOME			
Housing Choice Vouchers (only if "priority" is given to homeless)			
Public Housing (only if units are dedicated to homeless)			
Mental Health Block Grant			
Substance Abuse Block Grant			
Social Services Block Grant			
Welfare-to-Work			
State-Funded Programs			
City/County Funded Programs			
Private			
Foundations (Identify by name)			

Instructions for Continuum of Care: Project Priorities

A priority ordering of all projects proposed for each community in the Continuum of Care strategy should be included on the Project Priority chart whether submitted through Consolidated or Associated Applications. The projects that communities rank as higher priorities will receive the most points under the "Need" criterion. ***This required chart must be identical for all Associated Applications requesting funding under the same Continuum of Care system.*** If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. There should be ***only one project per line.*** Projects submitted in response to the 2003 NOFA should fill gaps identified as priorities for funding as determined by your community's gaps analysis.

1. In the ***first column***, enter the name of the ***applicant***, the entity that is responsible for the overall management of the grant. This entity becomes the grantee if the project is selected for funding. (*You must submit a HUD-424*).
2. In the ***second column***, enter the ***project sponsor*** that will carry out the project and the ***project name***.
3. The ***third column*** is the numeric priority that your Continuum of Care community has assigned to each project. For your convenience, this column has been pre-filled, with number 1 as the highest priority and number 12 as lowest. Please reproduce this ***required*** chart if you need additional space to accommodate more projects, renumbering as necessary.
4. In the ***fourth column***, enter the requested amount of project funding for each project.
5. In the ***fifth column***, enter the requested term of your project in years.
6. In the ***sixth column***, enter the ***component/type*** of each project. Codes for the project components/type are:
SHP new and renewal—Transitional Housing (TH), Permanent Housing for Persons with Disabilities (PH), Supportive Services Only (SSO), Safe Haven (SH), Homeless Management Information Systems (HMIS), and Innovative Supportive Housing (IH)
Shelter Plus Care new and renewal—Tenant-based Rental Assistance (TRA), Sponsor-based Rental Assistance (SRA), Project-based Rental Assistance (PRA), Project-based Rental Assistance with Rehabilitation (PRAR), and Section 8 Moderate Rehabilitation Single Room Occupancy rental assistance (SRO).
7. At the bottom of the chart, fill in the total requested amount for the projects in the chart. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)
8. ***Place all Shelter Plus Care renewal projects as the last entries in the chart. They are not prioritized with the other programs because they are being funded non-competitively; however, the law requires that they be a part of the national competition.***
9. ***The tiering of projects on your priority list is no longer permitted.***

Instructions for Renewals

Communities wishing to seek funding for project renewals (for expiring HUD projects other than S+C renewals) need to include such projects in their priority list. The purpose of renewal funding is to provide continued assistance to homeless persons, provided that the grantee can demonstrate success in achieving program objectives. A project whose HUD grant will expire during calendar year 2004 may request renewal funding if it previously received HUD McKinney-Vento Act funds for one of the following:

- Supportive Housing Program (SHP)
- SHP Renewal
- Shelter Plus Care (S+C) Program
- S+C Renewal

When developing priority lists, your community may wish to pay particular attention to the funding needs of current McKinney-Vento homeless assistance projects that will not have sufficient funds to continue operating throughout 2004. If your community is unsure as to when its grants are eligible for renewal funding, please contact your local HUD Field Office. ***Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit a HUD-424.***

Continuum of Care: Project Priorities

(This entire chart will count as only one page towards the 30-page limitation)

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit/ Sarah's House	1	\$1,026,000	3 (yrs)	PH				
Example: XYZ County	AJAY Nonprofit/ Spencer's Place	2	\$800,000	5 (yrs)			TRA		
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							
		12							
**Total Requested Amount:									

*Place the components/type for each project under column 6.

The Requested Project Amount **must not exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the project budget **will be reduced** to the amount shown on the priority list.

Please Note:

- (1) Place all Shelter Plus Care renewal projects as the last entries on the Chart.
- (2) For all Shelter Plus Care and SRO projects, please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 Federal Register.

Instructions for Continuum of Care: Project Leveraging

Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2002 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. The *documentation will be required at Technical Submission* if a project is conditionally selected. If you *do not* have in hand at the time of application submission a written agreement for a contribution that will be used in your project, *do not* enter the contribution. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).**

1. In the *first column*, enter the project priority number.
2. In the *second column*, enter the name of the project.
3. In the *third column*, identify the type of contribution being leveraged by the proposed project. Types of contributions could include cash, buildings, equipment, materials, and services, such as transportation, health care, and mental health counseling.
4. In the *fourth column*, enter the name of the source or provider from whom the contribution is being leveraged. The contribution may be leveraged through Federal, State, local, or private sources, including mainstream housing and social service programs.
5. In the *last column*, enter the value of the contribution. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C, or SRO program.
6. At the bottom of the chart, fill in the total amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Exhibit 2 and 2R: Supportive Housing Program (SHP)

The following information pertains to Exhibit 2 (SHP New) and Exhibit 2R (SHP Renewal). **Exhibit 2R is new this year.** It was developed for renewal projects since the majority of CoC applications are for SHP renewal projects. Since HUD has prior history working with these applicants/grant recipients, this streamlined exhibit was developed for ease in filling out the application. The Project Components and SHP Guidance sections apply to both exhibits.

Program Components/Type

The Supportive Housing Program promotes the development of supportive housing and services that help homeless persons transition from homelessness to living as independently as possible. Each project submitted under SHP must be classified as one of the program components described below.

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. Supportive services—which help promote residential stability, increased skill level and/or income, and greater self-determination—may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Permanent Housing for Persons with Disabilities is long-term housing for this population. Basically, it is community-based housing and supportive services as described above, designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Supportive Services Only projects provide services designed to address the special needs of the homeless persons. Projects are classified as this component **only** if the project sponsor is **not also providing or operating the housing for the same persons receiving the services**. Eligible activities for Supportive Services Only projects are acquisition, rehabilitation, leasing, and, of course, supportive services. (Applicants **cannot** request funds for new construction or operations.) Supportive services only projects may have one or more structures at a central site or at scattered sites where services are delivered; or services may be delivered independent of a structure, such as street outreach.

Safe Haven projects must meet the following criteria: (1) have **no** limit on length of stay; (2) serve hard-to-reach homeless persons who have severe mental illness, are on the streets, and have been unable or unwilling to participate in supportive services; (3) provide 24-hour residence for an unspecified duration; (4) provide private or semiprivate accommodations; and (5) have overnight occupancy limited to 25 persons. A safe haven may also provide supportive services to eligible persons who are not residents, on a drop-in basis. **A Safe Haven project that has the characteristics of the SHP/Permanent Housing component and requires participants to execute a lease agreement may now be classified as permanent supportive housing.**

For many persons with mental illness who have been living on the streets, the transition to self-sufficiency is best made in stages, starting with a small, highly supportive environment where an individual can feel at ease, out of danger, and subject to no immediate service demands. Safe Havens do not require participation in services and referrals as a condition of occupancy. Rather, it is hoped that after a period of stabilization in a safe haven, residents will be more willing to participate in services and referrals, and will eventually be ready to move to more traditional forms of housing. Safe Havens can serve as an entry point to the service system and provide access to basic services such as food, clothing, bathing facilities, telephones, storage space, and mailing addresses.

Homeless Management Information System (HMIS) is now a separate component/type for new and renewal dedicated HMIS projects in the 2003 CoC competition. There is also a separate budget activity for specifying costs in dedicated HMIS projects and in SHP projects including HMIS costs as a share of their participation in an HMIS. SHP may be used to pay the costs of implementing and operating an HMIS. Eligible HMIS costs are: equipment, software, computer services, personnel to manage and operate the system, training, and staff that analyze the data and prepare reports for providers, the CoC, and HUD.

Innovative Supportive Housing enables the applicant to design a supportive housing project for homeless persons that is outside the scope of the other SHP components. A project is innovative when the particular approach is new to the area and can be replicated in other communities. The project must be determined by HUD to be innovative or it will be rejected from the competition. The project must also be for eligible SHP activities.

Project Definition

Under SHP, a "project" may be either for supportive housing, supportive services only or HMIS. For a supportive housing project, one project sponsor provides housing in one or more structures and delivers services, or arranges with other organizations to deliver services, to the residents. For a Supportive Services Only project, one sponsor delivers services to homeless persons, but the sponsor *does not* provide housing to the same persons receiving the services. Supportive services can be delivered from a structure(s) or they can be delivered independent of a structure(s), such as street outreach. The following are examples of SHP projects:

Example 1: Project sponsor Serenity House will provide 10 units of permanent housing to homeless persons with serious mental illness. The project sponsor is requesting funding for rehabilitation, supportive services, and operations. The supportive services will be provided by the local day treatment center. This is one project and is classified under the permanent housing component.

Example 2: Project sponsor Greenville Nonprofit proposes to acquire, rehabilitate, and operate a transitional housing facility for homeless women and children. Services will be coordinated by Greenville Nonprofit but delivered by a local charitable organization and a health clinic. This is one project and is classified under the transitional housing component.

Example 3: Project sponsor Health Care, Inc., currently owns a van from which it does outreach and provides health care services to homeless persons and families on the streets and in emergency shelters. Health Care proposes to expand its service level to serve more people and to provide immunizations and help refer homeless persons to appropriate housing. The expansion is one project and is classified under the supportive services only (SSO) component. SHP funds may be requested for the expansion only; the project sponsor would continue to provide funding for the current activities from other sources.

Example 4: Project sponsor Second Chance is part of a CoC which has decided to implement a community-wide Homeless Management Information System (HMIS). The CoC has determined that Second Chance will propose a dedicated HMIS project. The project's funds will be used to purchase HMIS software and computers and to pay the salary of HMIS staff. (See the "Question and Answer" supplement to the application for further information on funding for HMIS activities.)

SHP Guidance

Eligible and Ineligible Activities and Limitations. There are eight activities that can be funded under SHP. They are acquisition, rehabilitation, new construction, leasing, operating costs, supportive services, HMIS and administrative costs. This year, HMIS will be classified as its own eligible SHP activity rather than as a supportive service. See the "Questions and Answers" supplement to the application for additional discussion on this topic. Specific activities that are *not eligible* by law under the six program components/type include:

- Operating costs or new construction for supportive service only projects.
- Support for an existing project except as noted in section E of this exhibit and renewals.
- Support for permanent housing for non-disabled persons.
- Rehabilitation of a structure owned by a primarily religious organization, except in accordance with the requirements of 24 CFR 583.150(b)(2).
- New construction or rehabilitation of a structure prior to an executed grant agreement with HUD. Lack of an environmental clearance in such a case would necessitate withdrawal of HUD funds from the project.
- Acquisition and rehabilitation, or new construction that exceeds statutory funding limitations. (See section K of this exhibit for the specific limits.)
- Homeless prevention activities.
- Planning costs for HMIS.

Match. SHP funds provided for acquisition, rehabilitation, and new construction must be matched by the recipient with an equal amount of funds from other sources. In addition, any applicant requesting SHP funds for operating costs for supportive housing must provide a cash contribution of at least 25 percent of the total operating costs. Any applicant requesting SHP funds for supportive service activities funds must provide a cash contribution of at least 20 percent of the total supportive services costs. HMIS activities must also have a cash contribution of at least 20 percent of the total HMIS costs.

Relocation and Environmental Issues. SHP projects are subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act and additional relocation requirements in Section 583.310 of the SHP regulations. In addition, the use of SHP funds for acquisition, rehabilitation, new construction and, in some cases, leasing triggers 24 CFR Part 58, Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities, for recipients who are private nonprofit organizations or public housing authorities. Projects are also subject to the Lead-Based Paint Poisoning Prevention Act and are, therefore, subject to 24 CFR Part 35. Because Lead-Based Paint requirements can be complex, please contact your local HUD Field Office for guidance during the planning stages of your project.

Renewal Projects

The purpose of renewal funding is to provide operating, leasing and supportive services for previously approved grantees in order to ensure continued assistance to homeless persons. *Note: Only the current grantee (the entity that has executed the current grant agreement with HUD) can apply for renewal of its project, i.e., must be the applicant and submit a HUD-424.*

A project may request one, two or three years of renewal funding if it previously received HUD McKinney-Vento Act funds under the Supportive Housing Program, including those previously renewed, and will expire during calendar year 2004. Since renewal projects may request renewal funds only for continuing a previously approved project at the *same level of housing and/or services* provided in the previous grant, renewal project budgets should be based upon the **average of the term activities of the previous grant award**. Renewal projects proposing both to renew the existing project and expand the number of units or number of participants receiving services must submit a new project proposal for the expansion portion of the project. HMIS activities being renewed should be included on the HMIS budget chart.

Exhibit 2: Supportive Housing Program - New

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to the items in Section A according to the following:

- *New project applicants for TH, PH, Safe Havens, or Innovative components* - answer items 1-6, and 8 (if applicable).
 - *New project applicants for the SSO component* - answer items 1, 2, 4, 5, 6 and 8 (if applicable).
 - *New project applicants for dedicated HMIS projects* - answer items 1 and 7.
1. **Project summary.** Please provide the following:
 - a. Applicant **and** sponsor names
 - b. Program component
 - c. Total SHP request and the percent of this request for housing activities. SHP housing activities include acquisition, rehabilitation, and new construction; leasing of housing; and operations for supportive housing.
 - d. The type of housing (e.g., apartments, group home) proposed, if applicable
 - e. The population(s) to be served (N/A for dedicated-HMIS projects)
 - f. Grant term of the proposed project (**2 year minimum**, except for dedicated HMIS projects)
 2. **Homeless population to be served.** Briefly describe the following:
 - a. Their characteristics and need for housing and supportive services.
 - b. Where they will come from. Indicate percentage coming from: (e.g., streets, emergency shelters, transitional housing for homeless persons who came from street/shelters, or other). "Other" must be clearly explained.
 - c. The outreach plan to bring them into the project.
 3. **Housing where participants will reside.** For applicants requesting SHP funds for Transitional Housing, Permanent Housing for Persons with Disabilities, Safe Havens, or Innovative Supportive Housing components, demonstrate each of the following:
 - a. How the TYPE (e.g., apartments, group home) **and** SCALE (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
 - b. That the basic COMMUNITY AMENITIES (e.g, medical facilities, grocery store, recreation facilities, schools, etc.) will readily be ACCESSIBLE (e.g., walking distance, bus, etc.) to your clients.
 - c. For transitional housing component only: the residents' length of stay.
 - d. For permanent housing for persons with disabilities component where **more** than 16 persons will reside in a structure: describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.
 - e. For innovative supportive housing component projects only: how the project represents an approach that is new to the area, is a sensible model for others, and can be replicated in other communities.
 4. **Supportive services the participants will receive.** Demonstrate for each of the following:
 - a. How the TYPE (e.g., case management, job training) **and** SCALE (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
 - b. WHERE the supportive services will be provided **and** what TRANSPORTATION will be available to participants to access those services.
 - c. The details of your plan to ensure that all homeless clients will be individually assisted to identify, apply for and obtain benefits under each of the following mainstream health and social services programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Food Stamps, Workforce Investment Act and Veterans Health Care programs.
 5. **Accessing permanent housing.** Describe specifically how participants will be assisted **both** to OBTAIN **and** REMAIN in PERMANENT HOUSING.

6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their INCOMES **and** to maximize their ability to LIVE INDEPENDENTLY.
7. **Homeless Management Information System.** Describe the following:
- How the CoC's homeless needs will be assessed, resources allocated and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
 - For all dedicated HMIS projects** (New, Expansion, and Updated) demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2003" categories in the Fundamental Components in the CoC System – Housing Activity Chart will be included in the CoC-wide HMIS.
 - Name the lead agency designated to oversee the HMIS project.
 - Provide the timetable for implementing the new or expanded HMIS.
 - Demonstrate that no State or local government funds would be replaced with the funding being requested of HUD for this project.
8. **Discharge Policy.** For State and local government applicants who submitted a Discharge Policy certification within their 2001 or 2002 application, please describe any policies and protocols subsequently developed or implemented affecting the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may submit a single response for all projects for which you are the applicant. Be sure a copy is inserted with each project.)

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the project. (Refer to section V(A)(1) of the NOFA for the Applicant and Sponsor Eligibility and Capacity Standards.)

Please describe the following:

- The specific type and length of experience of **all organizations** involved in implementing the project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the project and experience working with homeless people.
- If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.
- List **all** HUD McKinney-Vento Act grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 1999	CA16B900-060	\$500,000	\$375,412

- Please explain any delays in implementing any of the grants listed in (3) above which exceed the SHP timeliness standards described in Section IV (D) of the Notice of Funding Availability (NOFA).
- Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (3).

Section C. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section D. Program Components/Type

Please check the box that best classifies the project for which you are requesting funding. Check only **one** box. The components/type are:

- Transitional Housing
- Permanent Housing for Persons with Disabilities
- Supportive Services Only
- Safe Havens Check here if your Safe Haven project has the characteristics of SHP/Permanent Housing (see page 18 of Exhibit 2) and will require participants to execute a lease agreement.
- HMIS
- Innovative Supportive Housing (check this box only if your project cannot be classified under any other component)

Section E. Existing Facilities and/or Activities Serving Homeless

Persons *(To be completed for new projects only; renewal projects see Exhibit 2R.)*

1. Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?
 - Yes (Check one or more of the activities below that describe your proposed project, then proceed to section F.)
 - No (Skip to section F.)

2. Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below. SHP cannot be used to fund ongoing activities. My project will:
 - Increase the number of homeless persons served.
 - Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
 - Bring existing facilities up to a level that meets State and local government health and safety standards. Please explain.
 - Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the State or local government), which will cease on or before the end of the current calendar year. By law, no SHP funds may be used to replace State or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this box is checked, you must fully describe the following in order to be eligible for funding:

 - a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
 - b. Why it is nonrenewable.
 - c. When it will cease.
 - d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Section F. Number of Beds, Participants, and Supportive Services

Section F is composed of three charts:

Chart 1 is for recording the number of beds/bedrooms in the project. Do not complete Chart 1 if the project is for supportive services only (SSO).

Chart 2 is for recording the number of participants to be served. Information on *all* projects should be entered in this section except for dedicated HMIS projects.

Chart 3 is for recording the supportive services proposed for your homeless clients. Do not include costs for HMIS activities as these costs should be included in Section G.

Complete Chart 1 and Chart 2 based on the following instructions.

1. In the *first column*, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked "Yes" in section E. If you checked "No" in section E enter "N/A" in this column.
2. In the *second column*, enter the new number of beds and persons served at a point in time if this project is funded. If this is a renewal project, enter "N/A" in this column.
3. In the *third column*, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.
4. In the *fourth column*, enter the number of persons to be served over the grant term.

Chart 1: Beds

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)
Number of Bedrooms*			
Number of beds*			

*Do not complete information on the number of bedrooms and beds for Supportive Services Only (SSO) projects. In those instances, enter "N/A" in the appropriate cells.

Chart 2: Participants

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children				
Of persons in families with children				
a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
b. number of other individuals				

Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section F.

Chart 3: Supportive Services

If your new project is requesting the use of SHP funds for any supportive services, please complete Chart 3 on the following page for your project's supportive services budget. If you need additional space for more services, you may reproduce this chart.

In the first column, the supportive service activity is given. Please enter the quantity for each supportive service that will be provided in your project (see example below). Any other eligible supportive service and quantity that will be paid for using SHP funding that is not listed on the chart may be added under "other service activity". For staff positions please include the job title and quantity (or FTE—full time equivalent); for supportive services (such as transportation services) please include the type (e.g., bus tokens) and quantity. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 6, Supportive Services, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested for each eligible supportive service that will be provided in your project.

In the third column, enter the estimated number of persons that will be served at a point in time.

Supportive services are designed to address the special needs of the homeless persons to be served by the project. Services may be provided directly by the project sponsor and/or through an arrangement with public or private service providers, including the grantee. By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for at least 20% of the project's total supportive services budget annually.

SHP supportive service funds may be used to pay for the actual costs of supportive services and other costs directly associated with providing such services (see the SHP Rule at Section 583.120). Eligible supportive services include, but are not limited to: child care, employment assistance, outreach, outpatient health services, case management, food, housing placement assistance, life skills, and other services. Transportation associated with the delivery of supportive services (e.g., money for bus tokens to go to mental health counseling; the purchase of a van to transport homeless children to daycare) is also an eligible supportive service cost.

If a project sponsor's staff will deliver a service, only the staff time directly related to the delivery of that service to the project is eligible for SHP supportive services funding. For example, the project sponsor, ABC, Inc., will use 25% of its substance abuse counselor's time for recovery planning for residents of its transitional housing program. The remainder of the counselor's time will be spent counseling persons in another program. Using this example, only 25% of the counselor's salary may be paid for with SHP supportive service funds.

Example:

Supportive Service Costs	SHP Dollars Requested (2 or 3 years)	Est. No. of Persons Served (point in time)
Service Activity: Case Management Quantity: 2 FTE @ \$25,000 per year	\$100,000	60
Service Activity: Education—job training Quantity: 20 slots per year	\$ 50,000	40

Chart 3: Supportive Services

Supportive Service Costs	SHP Dollars Requested (2 or 3 years)	Est. No. of Persons Served (point in time)
Service Activity: Outreach Quantity:		
Service Activity: Case Management Quantity:		
Service Activity: Life Skills (outside of case management) Quantity:		
Service Activity: Alcohol and Drug Abuse Services Quantity:		
Service Activity: Mental Health and Counseling Services Quantity:		
Service Activity: HIV/AIDS Services Quantity:		
Service Activity: Health Related and Home Health Services Quantity:		
Service Activity: Education and Instruction Quantity:		
Service Activity: Employment Services Quantity:		
Service Activity: Child Care Quantity:		
Service Activity: Transportation Quantity:		
Service Activity: Transitional Living Services Quantity:		
Other Service Activity: (please specify *) Quantity:		
Total Supportive Services Costs**		
Total SHP Dollars Requested***		

**If not specified, the costs will be removed from the budget.*

***The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section K.*

****SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion of Section K.*

Section G. HMIS Budget for Dedicated and Shared HMIS Projects

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Total" lines of the chart. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

Example:

Personnel	SHP Dollars Requested (1, 2, or 3 years)
Project Management /Coordination 1 – Staff x .5 FTE @ \$56,000/annual x 3 years = \$84,000	\$84,000
Administrative Support Staff 1 – Staff x .5 FTE @ \$16,000/annual x 3 years = \$24,000	\$24,000

Chart: HMIS Budget

Cost Item	SHP Dollars Requested
Equipment	Total
Central Server(s)	
Personal Computers and Printers	
Networking	
Security	
Software	Total
Software/User Licensing	
Software Installation	
Support and Maintenance	
Supporting Software Tools	
Services	Total
Training by Third Parties	
Hosting/Technical Services	
Programming: Customization	
Programming: System Interface	
Programming: Data Conversion	
Security Assessment and Setup	
On-line Connectivity (Internet Access)	
Facilitation	
Disaster and Recovery	
Personnel	Total
Project Management/Coordination	
Data Analysis	
Programming	
Technical Assistance and Training	
Administrative Support Staff	
HMIS Space and Operations	Total
Space Costs	
Operational Costs	
Total HMIS Costs*	
Total SHP Dollars Requested**	

**The total HMIS costs entered here should equal the amount shown in the "Total Budget" column, Line 8, of the Project Budget portion of Section K.*

***SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 8, of the Project Budget portion of Section K.*

Section H. Operations Budget

Complete the Chart on the following page for your new project's total operations budget. *Please remember operating costs are ineligible for Supportive Services Only projects.*

In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs that will be paid for using SHP funding that is not listed on the chart. For staff positions, please include the job title, salary, % of time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Request" column on Line 7, Operations, in your Project Budget in Section K.

In the second column, enter the amount of SHP funding requested (2 or 3 years) for each eligible operating cost that will be needed in your project.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. Examples of SHP operating costs include utilities, maintenance, security and salaries of staff not delivering services, such as the project manager or executive director, and indirect operating costs that meet the standards of OMB Circulars A-87 and A-122.

If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. As another example, in cases of shared utilities, SHP operating funds may pay only for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

SHP operating funds **may not** be used to pay for the following costs:

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports;
- c. Rent of space for supportive housing and/or supportive services (see Real Property Leasing);
- d. The payment of principal and interest on a loan for a facility currently being used as supportive housing and/or for the delivery of services; and
- e. Depreciation, because it does not constitute an incurred cost that requires a cash outlay.

SHP funds can be used to pay up to 75% of the total operations budget for the housing project. This means that the project sponsor must make a cash payment for 25% of the project's operating budget annually.

Example:

Operating Costs	SHP Dollars Requested (2 or 3 years)
Utilities	\$32,000
Maintenance Engineer (salary, % time, fringe benefits) \$40,000/annually .20 x .15 fringe benefits x 2 years = \$18,400	\$18,400

Chart: Operating Costs

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

Operating Costs	SHP Dollars Requested (2 or 3 years)
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits)	
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food	
Other operating costs (please specify*)	
Other operating costs (please specify*)	
Total Operating Costs Budget**	
Total SHP Dollars Requested ***	

**If not specified, the costs will be removed from the budget.*

***The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section K.*

****Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget portion of Section K.*

Section I. Leasing

SHP funds may be used to lease space for supportive housing or supportive services. If you are requesting SHP leasing funds, fill out the appropriate tables that follow. Housing and service space may be in the form of scattered-site leased units, or within a structure. The structures to be leased may be structures currently configured for, or structures to be converted to provide, supportive housing and/or supportive services. **Under no circumstances may SHP leasing funds be used to lease units or structures owned by the project sponsor, the selectee, or their parent organizations. This includes organizations which are members of a general partnership where the general partnership owns the structure.**

A. Leased Unit(s) for Housing and/or Services

If you propose to lease units in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Chart as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on September 30, 2002. (FMRs may be found using this WEB site: <http://www.huduser.org/datasets/fmr.html>) The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units by the FMR or actual rent, whichever is lower, by the length of the grant (# of units x FMR or actual rent x months based on grant term) and enter the result in the total column.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

If your project has been approved for **exception rents**, use those amounts when completing these charts **AND submit your current approval letter** with this document.

Chart A should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services and, therefore, an FMR or actual rent can be used. **If you have negotiated an actual rent (s) which is lower than the FMR, please use that amount instead of the FMR. The actual rent may not exceed the FMR.**

Chart A:

Name of metropolitan or non-metropolitan FMR area:

Address (indicate if scattered site):

Size of units	No. of units	FMR or actual rent	No. of months	Total (d)
1. SRO	x			
2. 0 bdrm	x			
3. 1 bdrm	x			
4. 2 bdrm	x			
5. 3 bdrm	x			
6. 4 bdrm	x			
7. 5 bdrm	x			
8. 6 bdrm	x			
9. Other	x			
10. Totals				\$

B. Leased Structure(s) for Housing and/or Services

If you will lease a structure or portion of a structure for housing and/or services, fill out Chart B below using a monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the area. This applies to structures already configured for housing and for those that will be converted. **If your project has more than one structure, reproduce Chart B and fill it out starting with structure 2.**

Multiply the monthly leasing costs by the number of months requested for funding and enter the result in the total column.

Chart B should be filled out only if you will lease a structure or portion of a structure for which an FMR is not applicable.

Chart B:

Structure 1	Monthly Leasing Cost	Number of Months	Total
	\$ x	=	\$

Address:

Section J. Homeless Veterans

1. Are veterans the primary target population?

Yes No

Section K. Budget

Section K consists of two budgets—a project budget and a structure budget. Please refer to the budgets for specific instructions.

When developing your budget(s), please keep in mind that each structure can receive the maximum amount of funds according to the following per-structure limits:

For acquisition and/or rehabilitation, the SHP request for these activities *combined* is limited by law to between \$200,000 and \$400,000 depending on whether the structure is in a HUD-identified high-cost area for acquisition and rehabilitation. Contact your local HUD Field Office to determine if your project is in a high-cost area, and, if so, which of the following percentages or limits apply:

- 100% to 119%, the limit is \$200,000
- 120% to 139%, the limit is \$250,000
- 140% to 159%, the limit is \$300,000
- 160% to 174%, the limit is \$350,000
- 175% and up, the limit is \$400,000

For new construction, the SHP request is limited by law to \$400,000 per structure, regardless of where the structure is located. If you propose to acquire land in tandem with new construction, the \$400,000 limit applies to both activities combined. Please note that you can apply for funding to construct and/or operate supportive housing; however, by law you cannot request either of these activities for supportive services only projects.

If you request funds for acquisition, rehabilitation, or new construction, the law requires that you **match** the requested amount with an equal amount of cash for the activities. Documentation of matching funds is not required in this application; however, you will be asked to submit it at a later date.

Project Budget (complete all 3 columns)

Enter the amount of SHP funds requested by line item in the "SHP Request" column. Dedicated HMIS projects may request funding for either one, two, or three years. **All other projects may be for a grant term of 2 or 3 years only. If the grant term is not provided, HUD will consider that the project has a three (3) year grant term.** The term you select must be the same for leasing, supportive services, and operations. *In the "Applicant Cash" column, enter the amount of other cash that will be contributed to the project. This amount plus the SHP request must equal the "Total Budget" amount for the project, as shown in the last column.*

If your project contains one structure or no structures, this is the only budget you need to fill out. If your project contains multiple structures, please add up the SHP structure budgets *on the next page* and enter those totals below.

HUD will review this chart in relation to the proposed activities and the number of persons to be served to determine whether the project is cost-effective (which is a threshold criterion).

Part I. Indicate grant term. Please circle one: 1 2 3 year(s)

Part II. Complete the Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1 through 3)	*		
5. Real Property Leasing			
6. Supportive Services	**		
7. Operations	***		
8. HMIS	**		
9. SHP Request (subtotal lines 4 through 8)			
10. Administrative Costs (up to 5% of line 9)	****		
11. Total SHP Request (total lines 9 and 10)			

* By law, SHP funds can be no more than 50% of the total acquisition, rehabilitation, and new construction budget.

** By law, SHP funds can be no more than 80% of the **total** supportive services and HMIS budget.

*** By law, SHP can pay no more than 75% of the **total** operating budget.

**** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. **State and local government applicants** and project sponsors **must** work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different). Please refer to Section IV (C) (3) of the NOFA. If selected for funding, all applicants **will be required** to submit a plan for distributing administrative funds as part of the technical submission.

NOTE: The total SHP Request on line 11 cannot exceed the dollar amount on the Priority Chart for the project.

Structure Budget for Projects With More Than One Structure

If your project contains only one structure or no structures, please fill out *only* the project budget on the previous page. If, however, your project contains more than one structure, fill out the information requested below for the number of structures your project proposes. Do not fill out structure budgets for scattered site leasing projects unless SHP funds for rehabilitation are being requested. For each structure budget, enter the amount of SHP funds requested by line item in the first column. For leasing, supportive services, and operations, the amounts you enter should be for **two or three years**, which is the SHP grant term. The term you select must be the same for leasing, supportive services, and operations. In the second column, enter the total cost for each line item, which is the SHP request *plus* all other funds needed to pay for each line item, again, for **two or three years**. For your convenience, four structure budgets are provided below. You may reproduce this page if your project will have five or more structures; however, please attach the additional structure budgets to this page and label them appropriately starting with structure E. Enter administrative costs only on the Project Budget.

Structure A

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Structure B

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Structure C

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Structure D

Structure Address:
City, State, Zip:

	SHP Request	Total Budget
1. Acquisition		
2. Rehabilitation		
3. New Construction		
4. Real Property Leasing		
5. Supportive Services		
6. Operations		
7. Total		

Section L. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
 - Chronically Homeless
 - Severely Mentally Ill
 - Chronic Substance Abusers
 - Dually Diagnosed
 - AIDS or Related Diseases
 - Victims of Domestic Violence
 - Youth
 - Women with Children
 - Veterans

 2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)
 - Yes
 - No

 3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)
 - Yes
 - No

 4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?
 - Yes
 - No
- If "yes," please provide the name of the military installation: _____

Exhibit 2R: Supportive Housing Program –Renewals

This exhibit is for Supportive Housing Program (SHP) renewal projects only. It consists of instructions and items you need to respond to for your renewal project. The material has been organized as follows: (1) assembly order of all information and documents needed to apply for SHP renewal; (2) instructions on how to fill out the form; and (3) the forms to fill out. Please respond to all items and assemble your application as directed below.

Renewal Application Information Assembly Order	Where to Find
HUD-424 (For grantees only)	Application Kit, following Q and A Supplement
Project Information	See Section A, items 1-4
Supportive Services Chart	See Section B
Operating Costs Chart	See Section C
HMIS Budget (only for dedicated projects)	See Section D
Required Attachments:	All Found in Application Kit, Following Q and A Supplement
1. Applicant Certification	
2. Special Project Certification for Coordination and Integration of Mainstream Programs	
3. Discharge Planning Certification for State and Local Gov't. Applicants	
4. Consolidated Plan Certification	
5. Disclosure of Lobbying Activities	
6. Applicant/Recipient Disclosure/Update Report	
7. Acknowledgement of Applicant Receipt	

Section A. Project Information Instructions

Items 1-3 a, b, and c - Self-explanatory.

Items 3 d and e - Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Item 4 - Fill out project budget for the proposed activities in which you are requesting funds, including the cash match resources and the total project budget.

Section B. Supportive Services Chart Instructions

Please fill out the Supportive Services Renewal Chart and add lines to the chart, as needed.

In the first column, fill in the supportive service expense. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation, please include the type (e.g., bus tokens) and quantity. An example is provided below. In the year 1 column, enter the amount needed to pay for the service in the first year. If the grant is multi-year, enter the funds needed for Year 2, and if applicable, Year 3. In the last column, total the amount of funds needed for the full grant term.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee must make a cash payment for 20% of the project's supportive services budget annually. For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. For Years 2 and 3, if applicable, a grantee needs only to certify that cash resources will also be provided. **Please note that the match requirement for Year 2 and Year 3 must be met by the end of each of those years.**

EXAMPLE:

Supportive Service Expense	Year 1	Year 2	Year 3	Total
Service Category: Transportation				
Quantity:	\$52,000	\$14,500	\$14,500	\$81,000
1 - 15 Passenger Van @ \$37,500				
Gasoline/Maintenance/Repair				
@ \$3,000/annual x 3 years = \$9,000				
Supportive Services Van Driver .5 FTE				
@ \$20,000/annual x 3 years = \$30,000				
Staff Fringe/Benefits .5 FTE				
@ \$3,000/annual x 3 years = \$4,500				

Please note that percentages are used during the application process to project the estimated staff time associated with an SHP grant position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

Section C. Operating Costs Chart Instructions

Please fill out the Operating Costs Renewal Chart and add to the chart as needed.

Operating costs are those costs associated with the day-to-day operation of supportive housing. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space. If the housing project occupies 25% of the building's space, then (up to) 25% of the monthly utility bill can be paid for using SHP operating funds.

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

EXAMPLE:

Operating Expense	Year 1	Year 2	Year 3	Total
Furnishings				
10 - single beds @ \$150 = \$1,500	\$3,000	\$3,000		\$6,000
10 - 3-drawer dressers @\$300 = \$3,000				
10 - bed linens/blanket/pillows @\$150 = \$1,500				

Please note that percentages are used during the application process to project the estimated staff time associated with SHP funded position(s). Applicants are reminded that all staff salary payments must be based on **actual, incurred costs** that are supported by signed and dated timesheets.

Section D. HMIS Budget Instructions – Dedicated Projects and Shared Costs

Complete the entire HMIS Budget Chart for a dedicated HMIS project. A project for shared HMIS costs with other projects need *only* complete the "Subtotal" lines of the chart. HMIS costs are those costs associated with the implementation of an HMIS. If requesting SHP HMIS funds, only the portion of the costs directly related to the HMIS is eligible. In the personnel section, the number of staff positions in Full-Time Equivalents (FTEs) should be present for each category, where appropriate.

EXAMPLE:

Personnel	Year 1	Year 2	Year 3	Total
Personnel				
Project Management / Coordination	\$43,000	\$43,000	\$43,000	\$129,000
1- .5 FTE @\$56,000/annual x 3 years =\$84,000				
Data Analysis				
1- .25 FTE @\$28,000/annual x 3 years=\$21,000				
Administrative Support Staff				
1- .5 FTE @\$16,000/annual x 3 years =\$24,000				

In the Year 1 column of the form, enter the total amount of funds to be used to pay for the first year expenses. If the grant is a multi-year grant, enter the total funds to be used for the second and third years, if applicable. In the last column, total the amount of funds needed to help pay for the identified operating expense for the grant term.

For Year 1 of your grant term, documentation of firm commitments of the cash resources will be required prior to grant execution. **Please note that the match requirement for Year 2 and Year 3, if applicable, must be met by the end of each of those years.**

Section A. Project Information

1. Basic Identification

- a. Grantee Name:
- b. Project Name:
- c. Sponsor Name:
- d. Address:
- e. Telephone:
- f. Fax Number:
- g. Contact Person:
- h. Project Congressional District:
- i. Project 6-digit Geographic Code:
- j. Project Number of Grant Being Renewed: _____
- k. Component/Type: (please check one) TH PH SSO SH HMIS IH
- l. Grant Term: (please check one) 1 2 3

2. Number of Participants/Number of Beds

- a. Subpopulations served (check all that apply): Chronically Homeless Veterans
 Seriously Mentally Ill Substance Abuse Dually Diagnosed HIV/AIDS
 Youth Domestic Violence
- b. Veterans are the primary target population: Yes No
- c. Project is in a rural area: Yes No
- d. Sponsor is a religious/faith-based organization: Yes No
- e. Number of beds in project (specify a number): _____
- f. Number of persons in families served (at a point in time): _____
- g. Number of single individuals served (at a point in time): _____
- h. Number of persons in families and single individuals who are disabled (at a point in time): _____

3. Performance

- a. Are there any significant changes in the project since the last funding approval: Yes No
 If "yes", briefly describe the changes.
- b. If one or more extensions have been provided for your current grant, please indicate: _____
 - If not applicable, indicate here: _____
 - The number of extensions approved: _____
 - The extension period (e.g., two months, one year): _____
 - The reasons why the extension(s) was necessary: _____
- c. If not operating at full capacity, please explain the reasons.
- d. APR questions 11 and 16 are attached (required): Yes No
- e. Additional explanation for questions 11 and 16 is attached: NA Yes No

4. Project Budget

Proposed Activities	SHP Request	Applicant Cash	Total Budget (Col. 1 + Col. 2)
1. Real Property Leasing			
2. Supportive Services	*		
3. Operations	**		
4. HMIS	*		
5. SHP Request (subtotal lines 1 through 4)			
6. Administrative Costs (up to 5% of line 5)	***		
7. Total SHP Request (total lines 5 and 6)			

* By law, SHP funds can be no more than 80% of the total supportive services and HMIS budget.

** By law, SHP can pay no more than 75% of the total operations budget.

*** Applicants may request up to 5% of each project award for administrative costs, such as accounting for the use of the grant funds, preparing HUD reports, obtaining audits, and other costs associated with administering the grant. *State and local government applicants* and project sponsors *must* work together to determine the plan for distributing administrative funds between applicant and project sponsor (if different).

NOTE: The total SHP Request on line 7 cannot exceed the dollar amount on the Priority Chart for the project.

Section B. Supportive Services Chart – Renewal Projects

Supportive Service Expense	Year 1	Year 2	Year 3	Total
1. Service Category: Quantity:				
2. Service Category: Quantity:				
3. Total Supportive Services Budget				
4. SHP REQUEST				
5. Selectee's Match (Line 3 minus Line 4)				

Section C. Operating Costs Chart – Renewal Projects

Operating Expense	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair				
2. Staff (position, salary, % time, fringe benefits)				
3. Utilities				
4. Equipment (lease/buy)				
5. Supplies (quantity)				
6. Insurance				
7. Furnishings (quantity)				
8. Other Operating Costs* (amounts/ quantities)				
9. Total Operating Budget				
10. SHP REQUEST				
11. Selectee's Match (Line 9 minus line 10)				

*If not specified, the costs will be removed from the budget.

Section D. HMIS Budget – Renewal Projects

Cost Item	Year 1	Year 2	Year 3	Total
Equipment				
Central Server(s)				
Personal Computers and Printers				
Networking				
Security				
Subtotal				
Software				
Software/User Licensing				
Software Installation				
Support and Maintenance				
Supporting Software Tools				
Subtotal				
Services				
Training by Third Parties				
Hosting/Technical Services				
Programming: Customization				
Programming: System Interface				
Programming: Data Conversion				
Security Assessment and Setup				
On-line Connectivity (Internet Access)				
Facilitation				
Disaster and Recovery				
Subtotal				
Personnel				
Project Management/Coordination				
Data Analysis				
Programming				
Technical Assistance and Training				
Administrative and Support Staff				
Subtotal				
HMIS Space and Operations				
Space Costs				
Operational Costs				
Subtotal				
Total HMIS Budget				
SHP Request				
Selectee's Match				

Definitions for Supportive Services In HUD's Homeless Assistance Programs

Applicants are advised that the supportive services proposed to be provided must be appropriate to the design of their project and the needs of participants. In addition, no SHIP funds may be used to replace state or local funds previously used, or designated for use, to assist homeless persons

Alcohol and Drug Abuse Services are those activities that are primarily designed to prevent, deter, reduce, or eliminate substance abuse or addictive behaviors. Treatment services may include intake and assessment; treatment matching and planning; behavioral therapy and counseling appropriate to the client and the severity of the problem; substance abuse toxicology and screening; clinical and case management; outcome evaluation; and self-help and peer support activities.

Case Management Services are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

Counseling Services (See Mental Health and Counseling Services)

Child Care Services for children (including infants, pre-schoolers, and school age children) are services or activities provided in a setting that meets applicable standards of state and local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, and plan development.

Education and Instructional Services are those training services provided to improve knowledge, daily living skills, or social skills. Services may include instruction or training in (but not limited to) such issues as consumer education, health education, education to prevent substance abuse, community protection and safety education, literacy education, English as a second language, and General Educational Development (GED). Component services or activities may include screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

Employment Services are those services or activities provided to assist individuals in securing employment; acquiring or learning skills that promote opportunities for employment, advancement, and increased earning potential; and in retaining a job. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling or job coaching; transportation; and referral to community resources.

Health Related and Home Health Services are those in-home or out-of-home services or activities that provide direct treatments or are designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the development of a treatment plan; assisting individuals to identify and understand their health needs; providing directly or assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; provision of appropriate medication; and providing follow-up services as needed.

HIV/AIDS Services include HIV/AIDS primary and secondary prevention services, HIV/AIDS counseling and testing, primary care, provision of HIV/AIDS anti-retroviral and other medications, rehabilitative, and supportive services for persons affected and infected with HIV.

Housing Services are those services or activities designed to assist individuals or families in locating and obtaining suitable housing. Component services or activities may include tenant counseling; assisting individuals and families to understand leases, secure utilities, make moving arrangements; representative payee services concerning rent and utilities; and mediation services related to neighbor/landlord problems that may arise.

Information and Referral Services are those services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not diagnosis and evaluation) to facilitate appropriate referral to these community resources.

Legal Services are those services or activities provided by a lawyer or other person(s) under the supervision of a lawyer to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity, and legal separation. Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

Life Skills training provides critical life management skills that may never have been learned or have been lost during the course of mental illness, substance use, and homelessness. They are targeted to assist the individual to function independently in the community. Component life skills training includes the budgeting of resources and money management, household management, conflict management, shopping for food and needed items, nutrition, the use of public transportation, and parent training.

Mental Health and Counseling Services are those services and activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Component services may include crisis interventions; individual, family or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

Outreach Services include extending services or assistance in order to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of shelters and programs to make homeless persons aware of various services and programs.

Transitional Living Services are those services and activities designed to help make the transition from homelessness to stable housing. Component services or activities may include supervised practice living, budgeting, one-time payments associated with establishing tenancy, food planning and preparation, and post-foster care services for homeless persons.

Transportation Services are those services or activities that provide and arrange for the travel, including travel costs, of individuals in order to access treatment, medical care, services, or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

Other Services are services that are appropriate, and do not fall within the definitions of the preceding services. If this category is used, the services should be defined.

Exhibit 3:

Shelter Plus Care Program (S+C) - New

This Exhibit 3 is for **new** Shelter Plus Care projects only. Eligible applicants for this program are States, units of local government and Public Housing Authorities. If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

Program Components

Shelter Plus Care (S+C) components were created by statute and designed to give applicants flexibility in devising appropriate housing and supportive services for homeless persons with disabilities. Assisted units may be of any type, from group homes to apartments to SRO units. You may design a program that has participants first living in a group setting with intensive supportive services, then moving to another setting but retaining the rental assistance during the term of the grant, as long as they stay within a S+C unit.

Participants in S+C units receive supportive services. These services may be provided by the applicant, funded by the applicant but provided by a third party, or both funded and provided by a third party. Rental assistance provided through the S+C program must be matched in the aggregate on a dollar for dollar basis by the recipient with supportive services.

Tenant-based Rental Assistance (TRA) provides rental assistance that permits participants to choose their own housing. Participants retain the rental assistance even if they move. To help you provide supportive services or for purposes of controlling housing costs, you may require participants to live in a particular structure for the first year of assistance or to live in a particular area for the entire rental assistance period.

Sponsor-based Rental Assistance (SRA) provides rental assistance through contract(s) between the grant recipient and nonprofit organization(s), called a sponsor. The nonprofit organization may be a private nonprofit organization or a community mental health center established as a public nonprofit organization. The assisted units must be owned or leased by the sponsor. After a grant is awarded, should the sponsor lose its capacity to own or lease the assisted units, the grantee must identify an alternate sponsor in order to continue to serve the original number of persons proposed to be served.

Project-based Rental Assistance (PRA) provides rental assistance through a contract with a building owner(s). An applicant must enter into a contract with the building owner(s) for the full five-or ten-year period of assistance. The building owner must agree to accept eligible S+C participants to live in an assisted unit for this time period. Under PRA, applicants may assist units that will be rehabilitated or existing units that do not need to be rehabilitated. If the units are rehabilitated to meet the requirements specified below, the applicant may request 10 years of rental assistance. Otherwise, assistance will be for a period of five years.

To qualify as a rehabilitated unit and be eligible for 10 years of assistance, the rehabilitation must:

- equal at least \$3,000 per unit, including the prorated share of rehabilitated common areas;
- be necessary in order to make the unit decent, safe, and sanitary;
- be funded from other sources; and
- be completed within 12 months of grant award.

SRO-based Rental Assistance (SRO) provides rental assistance in an existing or reconfigured single room occupancy (SRO) setting. The units to be assisted must be in need of moderate rehabilitation. The rental assistance includes an allowance to pay for debt service to retire the cost of the moderate rehabilitation over the ten-year grant period. This component is designed to bring more standard SRO units into the local housing supply and to use those units to assist homeless persons with disabilities. The SRO units may be in a rundown hotel, a vacant motel, a YMCA, or even a large, abandoned house.

HUD enters into an annual contributions contract with the PHA recipient or subcontractor in connection with the moderate rehabilitation of SRO dwelling units. PHAs make Section 8 rental assistance payments to participating owners (i.e., landlords) on behalf of homeless, disabled individuals who rent the rehabilitated dwellings. The rental assistance payments cover the difference between the tenant contribution and the unit's rent, which must be within the fair market rent (FMR) established by HUD. To be eligible for assistance, a unit must receive a minimum of \$3,000 of rehabilitation to meet housing quality standards (HQS), including the prorated share of work on common areas or systems.

Persons With Disabilities

To be eligible to participate in a Shelter Plus Care funded project, a person must be both homeless and disabled. In the case of a homeless family, at least one adult member must be considered disabled.

Persons with disabilities are those who have a disability that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; **and**
- Is such a nature that the disability could be improved by more suitable housing conditions. The disability may be a physical, mental, or emotional impairment, including an impairment due solely to alcohol or drug abuse.

Several disabilities are specifically targeted by the S+C Program. These targeted disabilities are:

- Serious mental illness
- Chronic alcohol and/or other drug abuse
- AIDS or related diseases

The disability may also be developmental. A severe, chronic developmental disability is characterized as

- Being caused by mental or physical impairment;
- Manifested before the person is 22 years old;
- Likely to continue indefinitely;
- Reflecting a need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; and
- Resulting in substantial functional limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

S+C Tips

In developing your application, we want to help you avoid problems that could hamper your ability to qualify. Here are circumstances to avoid:

- If a structure you plan to use in your project is currently occupied, you should be aware of the complex relocation requirements that will apply. Contact your HUD Field Office Relocation Specialist or an experienced governmental relocation agency, in the planning stage of your project to ensure that you have addressed this issue properly.
- Environmental problems can be very expensive and time-consuming. Factors to consider are the presence of lead-based paint (particularly if you are proposing to serve families with children) and asbestos.
- Activities that are not eligible for assistance include:
 - Assistance for non-disabled participants
 - Assistance for transitional housing

S+C Component Comparisons

Element	TRA	SRA	PRA	SRO
Entity Administering Rental Assistance	Recipient or other entity under contract to recipient	Recipient, nonprofit sponsor(s) or other entity under contract to recipient	Recipient or other entity under contract to recipient	PHA
Type of Housing	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	Variety of types ranging from group homes to independent living units	SRO dwelling units
Living Requirements	Participants choose; recipient may require participant to live in a particular structure in first year and within a particular area in all years	Must live in structure owned or leased by sponsor	Must live in unit in particular property that is assisted	Must live in SRO structure
Eligible Participants	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless adults with disabilities and their families, if any	Homeless individuals with disabilities
Housing Quality Standards	24 CFR 982.401	24 CFR 982.401	24 CFR 982.401	24 CFR 882.803(b)
Rehabilitation	Not required	Not required	\$3,000 minimum per unit for 10 years of assistance	\$3,000 minimum per unit required
Term of Assistance	5 Years	5 Years	5 Years without rehabilitation; 10 Years with rehabilitation	10 Years
Unit (Contract) Rent	Reasonable rent	Reasonable rent	Reasonable rent	Rent calculated by PHA; limited by Sec 8 SRO Mod. Rehab. FMR

Renewal Grants

If you are requesting renewal funds for an existing S+C project, **do not** use Exhibit 3. You must complete Exhibit 3R instead.

Section A. Project Narrative

Section A is a description of your proposed project. Please respond to **all** of the items in this section. Submit a separate Exhibit 3 for each priority project. A project may include no more than one component (i.e., TRA, SRA, PRA without rehab, PRA with rehab, SRO) and may be carried out by no more than one project sponsor.

1. **Project summary.** Please provide the following:
 - a. Applicant **and** sponsor (if appropriate) names
 - b. Program component
 - c. Total S+C request
 - d. The type of housing and number of units proposed
 - e. The population to be served
2. **Homeless population to be served.** Briefly describe the following:
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who came from street/shelters or other. Clearly explain "other."
 - c. The outreach proposed to bring them into the project.
3. **Discharge planning changes.** For State and local government applicants who submitted a Discharge Policy certification in the FY 2002 application, please describe any policies and protocols subsequently implemented or developed effecting the discharge of persons from publicly funded institutions or systems of care (e.g. health care facilities, foster care or other youth facilities or correction programs and institutions) in your jurisdiction. Indicate how these changes have or will prevent such discharges from immediately resulting in homelessness for such persons. (You may provide a single response, a copy of which may be included in each of your project applications).
4. **Housing where participants will reside.** Demonstrate for each of the following:
 - a. How the **TYPE** (e.g., apartments, group home) **and SCALE** (e.g., number of units, number of persons per unit) of the proposed housing will fit the needs of the participants.
 - b. That the basic **COMMUNITY AMENITIES** (e.g., grocery store, medical facilities, recreation) will be readily **ACCESSIBLE** (e.g., walking distance, near bus line) to your clients.
 - c. For TRA projects, if participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years or to live a particular area for the entire period of participation, how and why the project will implement this requirement.
5. **Supportive services the participants will receive.** Demonstrate for each of the following:
 - a. How the **TYPE** (e.g., case management, job training) **and SCALE** (e.g., the frequency and duration) of the supportive services proposed will fit the needs of the participants.
 - b. **WHERE** the supportive services will be provided **and** what **TRANSPORTATION** will be available to access those services.
 - c. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Food Stamps, Work Force Investment Act and Veterans' Health Care programs.
6. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their **INCOMES** and to maximize their ability to **LIVE INDEPENDENTLY**.

Section B. Experience Narrative

Section B is a description of the experience of all organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

1. The specific type and length of experience of **all organizations** involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. This should include experience contracting for and overseeing the rehabilitation of housing, as applicable, and experience administering rental assistance.
2. List *all* HUD McKinney grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
3. Please explain any delays in implementing any of the grants listed in (2) above which exceed applicable program timeliness standards.
4. Identify any unresolved HUD findings, or outstanding audit findings related to any of the grants listed in (2) above.

Section C.1. Component Selection

Select the S+C component which describes your project (check only one box)

TRA SRA PRA without Rehab PRA with Rehab SRO

Section C.2. Project Information (please type or print)

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name (for SRA projects):	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA projects):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA projects):	

Section D. Targeted Disabilities

In each category shown in the chart below, estimate, *when the program is fully operational*, the number of proposed participants expected to receive rental assistance at a point in time. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who will not have family members living with them. *Do not double count.*

Part 1: Individual Participants not in Families	Number of Participants
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
<hr/>	
Part 2: Participants in Families	
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served from Parts 1 and 2 [(a) + (b) + (c)]	

Section E. Major Milestones

Please complete the chart by entering the number of months planned from grant execution to the following milestones:

First Unit Occupied	Supportive Services Begin	Last Unit Occupied
months	months	months

Section F. Budget

Fill out the information requested for the S+C component you are requesting funding for. Make certain that **only one** component (TRA, SRA, PRA without rehab, PRA with rehab, and SRO) budget is completed in this section. **Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.**

F.1. Tenant-based Rental Assistance (TRA) Project Budget

Applicants requesting TRA must complete the chart below showing the number of units expected to be used in your program. Multiply the applicable existing fair market rents (FMRs) as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each single room occupancy SRO unit is equal to 75 percent of the 0-bedroom FMR.

Complete a separate chart for each jurisdiction that has a different FMR.

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	=	Total Amount Requested \$
SRO					60		
0 Bedroom					60		
One Bedroom					60		
Two Bedroom					60		
Three Bedroom					60		
Four Bedroom					60		
Other: (specify)					60		
Total TRA Assistance							\$

F.2. Sponsor-based Rental Assistance (SRA) Project Budget

A. Nonprofit Status: Nonprofit organizations must attach to this section one of the following:

- Private nonprofit organizations must submit a copy of their IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary on page iv.
- Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

B. Housing Description. Complete the chart below indicating the address of the specific structure(s) to be used, the number of units by bedroom size in each, and whether it is or will be owned or leased by the nonprofit entity.

Address (street, city, State & zip)	Number of Units by Size							Owned / Leased (check one)
	SRO	0	1	2	3	4	>4	

Reminder: You may only have one sponsor per project.

C. Grant Amount. In the following chart, show the number of units by size expected to be owned or leased by the sponsor. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by 60 months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. *Complete a separate chart for each jurisdiction that has a different FMR.*

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	Number of Months	X	Total Amount Requested = \$
SRO				60		
0 Bedroom				60		
One Bedroom				60		
Two Bedroom				60		
Three Bedroom				60		
Four Bedroom				60		
Other: (specify)				60		
Total SRA Assistance						\$

F.3. Project-based Rental Assistance (PRA) Project Budget

A. Site. In the chart below, indicate the address of the property to be assisted and whether or not rehabilitation that meets the requirements specified in 24 CFR 582.100(b) is to be completed.

Address: (street, city, State & zip)	Rehabilitation	
	Yes	No

B. Grant Amount. For each property, complete a separate copy of the appropriate chart below showing the number of units by size, expected to be assisted at this property. Multiply the applicable existing FMRs as published in the Federal Register (FR) on September 30, 2002, by the number of units of a given size by the number of months. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] If the units will be rehabilitated and your project qualifies for 10 years of rental assistance, complete chart 2. Otherwise, complete chart 1.

The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR.

Chart 1. PRA Units without Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	Total Amount Requested = \$
SRO					60	
0 Bedroom					60	
One Bedroom					60	
Two Bedroom					60	
Three Bedroom					60	
Four Bedroom					60	
Other: (specify)					60	
Total PRA without Rehab						\$

Chart 2. PRA Units with Rehabilitation

Name of metropolitan or nonmetropolitan area for the FMR used:

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	Total Amount Requested = \$
SRO					120	
0 Bedroom					120	
One Bedroom					120	
Two Bedroom					120	
Three Bedroom					120	
Four Bedroom					120	
Other: (specify)					120	
Total PRA with Rehab						\$

F.4. Single Room Occupancy Moderate Rehabilitation (SRO) Rental Assistance

- A. Project Site.** Complete a separate F.4. *for each site* included under the SRO component of the S+C Program.

Name (if any) & Address of Site: (street, city, State & zip)

- B. Grant Amount.** Complete the chart below showing the number of units to be assisted. Note that the FMR for Mod Rehab SRO = Existing FMR for 0-bedroom units x 0.75 x 1.20. The Mod Rehab SRO FMR entered below should be a whole number - round before multiplying. If 0.5 or above, round to the next higher whole number. You may not request assistance for more than 100 units per site. Use the existing FMRs published in the Federal Register (FR) on September 30, 2002. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.]

Name of metropolitan or nonmetropolitan area for the FMR used.

Dwelling Units	Number of Units	Mod. Rehab X SRO FMR \$	Number of X Months	Total Amount = Requested
SRO			120	\$

- C. Certification Requirement for Non-PHA Applicants.** Non-PHA applicants must submit the following letter from the PHA that will administer the rental assistance.

(Date)

I, (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that if (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official) (PHA number)

- D. Project Costs.** (1) List below an estimate of the costs of developing the project.

Total Rehabilitation Costs (Eligible and Ineligible)	\$
Acquisition	\$
Other Costs (Eligible & Ineligible, e.g., furniture)	\$
Total	\$

- (2) List, on a separate sheet, any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project.

Section G. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?

Yes No

2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?

Yes No

Section H. Chronically Homeless

Are chronically homeless persons among the homeless subpopulation(s) your project intends to serve?

Yes No

Section I. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes
 No

2. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes
 No

3. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes
 No

If "yes," please provide the name of the military installation: _____

Exhibit 3R: Shelter Plus Care Program (S+C) - Renewal

Renewal Eligibility and Process

This Exhibit 3R is for Shelter Plus Care (S+C) **renewal** projects only. If you are requesting funds for a **new** S+C project, **do not** use Exhibit 3R. You must complete Exhibit 3 instead. Submit a **separate** Exhibit 3R for **each** renewal project. (A renewal project may include no more than one component (i.e., TRA, SRA, PRA, and SRO) and may be carried out by no more than one project sponsor.)

The FY 2003 HUD Appropriations Act permits the noncompetitive renewal of eligible S+C program grants for one-year terms. You are eligible to apply for renewal funding if your current Shelter Plus Care grant agreement is expiring in calendar year 2004 or if your grant has been extended beyond its original five-year term but you are projected to run out of funds in 2004. You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months. However S+C grants that have been awarded one year of renewal funding in the FY 2002 competition, may only request for renewal this year the number of units funded in that competition. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. The one-year term of non-competitively awarded S+C renewal projects awarded in 2001 and 2002 may not be extended.

Your S+C renewal application must be submitted to HUD in accordance with the NOFA requirements. Since these renewals must meet the expressed Congressional intent not to divorce S+C renewals from the accountability requirements that are needed to preserve the financial integrity of the projects, and to ensure that these projects continue to meet the needs of homeless people, all S+C renewals must be included as part of a community's Continuum of Care (CoC) submission. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the last entries on the CoC's Project Priority Chart.

Section A. Project Narrative

Section A is a description of the existing project that you are submitting for renewal. You should include any changes resulting from amendments made to the project.

Project summary. Please provide the following:

- a. Grantee Name
- b. Program component
- c. Total S+C request
- d. The type of housing and number of participants originally proposed and ultimately served
- e. The population to be served

Section B. Performance

1. Are there any significant changes in the project since the last funding approval: Yes No
If "yes" briefly describe the changes.

2. Are all units funded with S+C funds occupied? Yes No
If not, please explain the reasons.

3. Attach responses from most recent APR for Questions 11 (Monthly Income at Entry and at Exit) and 16 (Overall Program Goals). If little or no progress, provide an explanation and specific plans for improvement.

Section C.1. Component

Select the S+C component which describes your existing project (check only one box)

- TRA SRA PRA without Rehab SRO

Section C.2. Project Information

Project Name:	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state, & zip):	
Project Sponsor's Name (for SRA only):	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip) (for SRA only):	Project 6-digit Geographic Code:
Authorized Representative of Project Sponsor (name, title, phone number, & fax) (for SRA only):	Grant being renewed -- Grant Number:

Section D. Targeted Disabilities

In each category shown in the chart below indicate the number of participants receiving rental assistance at the time of your application. Include each participant only once, in either Part 1 or Part 2. Part 1 should only include persons with disabilities who do not have family members living with them. *Do not double count.*

Part 1: Individual Participants not in Families	Number of Participants
Persons with: Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(a) Total Participants: (not in families)	
Part 2: Participants in Families	
Persons with: Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
(b) Total Participants: (in families)	
(c) Number of other Family Members Living with Participants	
Total Persons Served from Parts 1 and 2 [(a) +(b) + (c)]	

Section E. Renewal Grant Budget

Complete this budget section for the TRA, SRA, PRA or SRO project you are submitting for renewal. *Remember that a separate Exhibit 3R must be submitted for each project.*

1. Need for Renewal

To determine if a renewal grant is needed for your project, please complete the following chart (**skip to Question 2 if awarded a one-year renewal in 2002**):

A. S+C Funds Originally Awarded \$ _____
 B. Expenditure projected through 2004 \$ _____
 C. Difference (A minus B) \$ _____

If balance remains after the funds projected to be spent by the end of calendar year 2004 ("B" above) are subtracted from the amount awarded for your existing grant ("A" above), a renewal grant is not needed at this time. Instead, a grant extension should be requested from the appropriate HUD Field Office.

2. Renewal Budget

The amount of rental assistance requested for a renewal may not exceed the number of S+C units currently under lease times the applicable current FMR(s) times 12 months, except that for S+C grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. If you received a one-year S+C renewal grant in 2002, please provide the number of units approved for funding that year: _____.

In the following chart for TRA, SRA or PRA renewals, show the number of units, by size, to be owned or leased during the one-year renewal period. Multiply the applicable existing FMRs as published in the Federal Register on September 30, 2002, by the number of units of a given size by 12 months. The SRO FMR should be rounded to the nearest whole number before multiplying by the number of units and the number of months. The FMR for each SRO unit is equal to 75 percent of the 0-bedroom FMR. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002, FR Notice.] *Complete a separate chart for each jurisdiction that has a different FMR.*

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.

Name of metropolitan or nonmetropolitan area for the FMR used: _____

Dwelling Units	Number of Units	X	FMR \$	X	Number of Months	Total Amount Requested = \$
SRO					12	
0 Bedroom					12	
One Bedroom					12	
Two Bedroom					12	
Three Bedroom					12	
Four Bedroom					12	
Other: (specify)					12	
Total Assistance						\$

In the following chart for S+C/SRO renewals, show the number of units to be owned during the one-year renewal period. Multiply the number of units by the current contract rent (at time of expiration) by 12 months.

SRO Renewals Only

Dwelling Units	Number of Units	X	Contract Rent	X	Number of Months	Total Amount Requested = \$
					12	\$
Total Assistance						\$

If your project was completed in stages, you need to submit a separate exhibit for each distinct stage.

Section F. Homeless Veterans

1. Are veterans among the homeless subpopulation(s) your project will specifically target and intend to serve?
 Yes No
2. If your answer to question #1 is yes, are veterans the primary target population of your proposed project?
 Yes No

Section G. Chronically Homeless

Are chronically homeless persons among the subpopulation(s) your project intends to serve?

Yes No

Section H. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. The project is in a rural area:
 Yes No
2. The sponsor is a religious/faith-based organization:
 Yes No

Exhibit 4: Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program

Eligible applicants for this program are non profit organizations and Public Housing Authorities.

Under the SRO Program, a "project" is a single site containing no more than 100 assisted units. A separate Exhibit 4 should be submitted for each new project. (Moderate Rehabilitation SROs will be renewed under a separate, non-competitive process.) In calculating your rental assistance amount, please use the Fair Market Rents (FMR) published in the Federal Register on September 30, 2002. You may obtain a copy of the applicable FMRs from your local HUD Field Office, which can also provide guidance on how to determine if your proposed project will be financially feasible. While housing providers should help residents to locate appropriate services, including services offered by the housing provider, to the extent possible, HUD encourages providers to develop housing programs which do not require participation in specific services as part of their tenancy requirements.

SRO Tips

In developing Exhibit 4, please avoid problems that could hamper your ability to qualify for SRO funding. Here are a few tips that may help:

- No single project may contain more than 100 assisted units. A separate Exhibit 4 should be submitted for each site.
- The structure to be assisted must require a minimum of \$3,000 per unit of rehabilitation to meet Housing Quality Standards (HQS), including its prorated share of work on common areas or systems.
- For the FY 2003 competition, the per unit cost limitation for rehabilitation work is \$19,000.
- If a structure you plan to use in your project currently has occupants, you need to be aware that there are relocation requirements. These occupants cannot return to units assisted by this project following rehabilitation. Because these requirements are complex, please contact your HUD Field Office Relocation Specialist or an experienced government relocation agency in the planning stage of your application.
- If you are a private nonprofit organization, you will need to subcontract with a PHA to administer the rental assistance.

Section A. Project Narrative

Section A is a description of your proposed project and is not intended to address only those portions of the site that will receive SRO funding. Please respond to **all** of the items in this section.

1. **Project summary.** Please provide the following:
 - a. Names of applicant and sponsor (if appropriate)
 - b. Program component
 - c. Total SRO request
 - d. The type of housing and number of units proposed
 - e. The population to be served
 - f. A photograph of the building to be assisted with the address (street, city, zip)
2. **Homeless population to be served.** Briefly describe the following:
 - a. Their characteristics and needs for housing and supportive services.
 - b. Where they will come from. Indicate percentage coming from: streets, emergency shelters, transitional housing for homeless persons who come from street/shelters or other. Clearly explain "other."
 - c. The outreach proposed to bring them into the project.
3. **Housing where participants will reside.** Demonstrate for each of the following:
 - a. How the TYPE (e.g., apartments, group home) and SCALE (e.g., number of units) of the proposed housing will fit the needs of the participants.
 - b. That the basic COMMUNITY AMENITIES (e.g. grocery store, medical facilities, recreation) will be readily ACCESSIBLE (e.g., walking distance, near bus line) to your clients.
 - c. The rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.

4. **Supportive services the participants will receive.** Demonstrate each of the following:
 - a. How the supportive service needs of participants will be **ASSESSED** and **TRACKED**.
 - b. How the **TYPE** (e.g., case management, job training) **and SCALE** (e.g., the frequency and duration) of the supportive services will fit the needs of the participants
 - c. **WHERE** the supportive services will be provided **and** what **TRANSPORTATION** will be available to the participant to access those services
 - d. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Workforce Investment Act, Food Stamps and Veterans' Health Care programs.
5. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their **INCOMES** and to maximize their ability to **LIVE INDEPENDENTLY**.

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

1. The specific type and length of experience of *all organizations* involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall and experience working with homeless people.
2. Describe experience contracting for and overseeing the rehabilitation of housing, and experience administering rental assistance.
3. List *all* HUD McKinney-Vento grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
4. Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.
5. Identify any unresolved HUD findings, or outstanding audit findings, related to any of the grants listed in (3) above.

Section C. Project Information (please type)

Project Name	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state & zip)	
Project Sponsor's Name:	Project Congressional District(s):
Sponsor's Address (street, city, state & zip)	Project 6-digit Geographic Code:
Authorized Representative of the Project Sponsor (name, title, phone number, & fax):	

Section D. Budget

1. Rental Assistance Award Amount.

Please complete the chart below showing the number of units to be assisted, the applicable fair market rent (FMR) as published in the Federal Register (FR) on September 30, 2002, and the total amount of rental assistance requested. [Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 FR Notice.] Note that the FMR for Moderate Rehabilitation SRO = Section 8 Existing Housing FMR for a 0-bedroom unit X 0.75 X 1.20. The Mod Rehab SRO FMR entered below should be a whole number – round before multiplying. (If 0.5 or above, round to the next higher whole number.) Also note that if there is no rehabilitation financing to be amortized, the rental assistance is limited to 75% of a 0-bedroom FMR. Please remember that you cannot request assistance for more than 100 units per project.

Name of metropolitan or non-metropolitan area for the FMR used:

Dwelling Units	Number of Units	X	Mod. Rehab. SRO FMR \$	X	Number of Months	=	Total Amount Requested
SRO					120		

2. Project Costs.

a. Please list below an *estimate* of the costs of developing the project.

Total Rehabilitation Costs (eligible and ineligible)	\$
Acquisition	\$
Other Costs (eligible and ineligible, e.g., furniture)	\$
Total	\$

b. Please list below (or on a separate sheet) any commitments from public and private sources that you might be able to provide to help cover the costs of *developing* the project. Firm financing commitments will need to be provided at a later date.

Source	Amount
Total Funds	

Section E. PHA Certification Requirements for Nonprofit Applicants

If the applicant for this project is a private nonprofit organization, please include in this exhibit the following letter from the PHA that will administer rental assistance:

(Date)

I (name and title), authorized to act on behalf of (name of PHA), certify that this agency qualifies as a Public Housing Agency, as specified in 24 CFR 882.102, is legally qualified and authorized to carry out this proposed project, and that it (name of applicant) is selected for an SRO award, this agency will administer the rental assistance.

(Signature of PHA official)

(PHA number)

Section F. Homeless Veterans

Are veterans the primary target population?

Yes No

Section G. Additional Information

HUD needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

- Chronically Homeless
- Severely Mentally Ill
- Chronic Substance Abusers
- Dually Diagnosed
- AIDS and Related Diseases
- Victims of Domestic Violence
- Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project will be primarily operated either (1) in an area outside of a Metropolitan Area, or (2) in an area outside of the urbanized areas within a Metropolitan Area.)

Yes
 No

3. Is the sponsor of the project a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes
 No

4. Will the proposed project be located in, or make use of, surplus military buildings or properties which are located on a military base that is covered by the provisions of the Base Closure Community Redevelopment and Homeless Assistance Act of 1994?

Yes
 No

If "yes," please provide the name of the military installation: _____

QUESTIONS AND ANSWERS

A Supplement to the 2003 Continuum of Care Homeless Assistance NOFA and Application

**Office of Community Planning and Development
U.S. Department of Housing and Urban Development**

2003

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Questions and Answers
A Supplement to the 2003 Continuum of Care Homeless Assistance
NOFA and Application

To assist you in preparing your 2003 Continuum of Care (CoC) Homeless Assistance application, HUD developed the following questions and answers. For your convenience, they are grouped together by topic headings.

HUD Headquarters will hold satellite training conferences to answer other questions you may have. In addition, many HUD field offices will hold training sessions on the NOFA and the application. Please contact your local HUD field office to learn more about these training opportunities. A listing of the HUD Area and State Offices is provided as an appendix to the NOFA.

A. Major Changes for 2003

CONTINUUM OF CARE CHANGES: There have been modifications to the Exhibit 1 questions, and changes to the number of points assigned to various scoring factors:

- The “Gaps and Priorities” scoring has been reduced from 20 to 15 points.
- The “Housing Emphasis” scoring has been increased from 5 to 10 points.
- There will be no points added this year for EZ/ECs.
- **Goals and System Development:** This section requests information about your performance in reaching your chronic homelessness goals and other system goals. You are also required to describe your discharge planning policy and list your continuum’s unexecuted HUD grants.
- The definition for chronic homelessness is included in the application.
- **Housing Activity Chart:** This chart includes the information used in the 2002 competition with an update for this year’s competition to reflect the changes in your housing activities. You will also include geo codes and target population codes for each facility/program.
- **Gaps Analysis:** Last year’s Gaps Analysis Chart is now two separate charts. The first chart, Housing Gaps Analysis, shows the housing gaps reflecting your current inventory and the inventory under development for this year. The second chart is the “Homeless Populations and Subpopulations Chart.” For the first time, you will be showing an estimate of the chronic homelessness population for your community.
- **Mainstream Program and Employment Chart:** This new chart uses information collected from the Annual Progress Report (APR) of renewal grantees to show how homeless participants are accessing mainstream programs.
- **Permanent Housing Bonus:** In order to encourage the development of permanent housing units, the pro rata need bonus has been increased from \$500,000 to a maximum of \$750,000 for a number one priority project that qualifies as an eligible new project. Only the housing activities of the new project count toward the bonus. Housing activities include: rental assistance, acquisition, new construction, rehabilitation, leasing, and operating costs.
- The page limit has been increased to 30 pages for Exhibit 1: Continuum of Care.

PROJECT CHANGES:

- **Term for New SHP Projects:** Starting with this year's competition, the minimum term for new SHP projects must be two years.
- **SHP Renewal Exhibit:** A streamlined SHP Renewal exhibit is included in this year's application since most submitted projects are SHP renewals.
- **HMIS Categorization:** Dedicated HMIS projects should be classified as HMIS projects in the application where the type and component of the project is requested. This year, there is an HMIS budget line item for HMIS activities, separate from supportive services.
- **HMIS Participation:** All grantees receiving 2003 funds will be required to participate in a local HMIS system when such a system is implemented.
- **Calculating SHP Renewal Budgets:** Beginning in 2002, the limit for an SHP renewal request became the average annual amount of the term activities of the grant being renewed. Term activities are leasing, supportive services, and operations. Applicants may request up to 5% of each project award for administrative costs.

CHANGES IN APPLICATION DELIVERY PROCEDURES:

- Because of enhanced security procedures in the HUD Headquarters building, submission procedures have been changed. (See specific NOFA instructions.)

B. Common Mistakes**1. What experiences can you share from past competitions to help me avoid making mistakes?**

Here is a list of common errors. Please read carefully the application and the NOFA for further clarification, or contact your HUD field office. Common mistakes include:

EXHIBIT 1

- using prior application forms, which do not incorporate new requirements;
- not explaining the method for collecting the data in the Gaps Analysis chart;
- in preparing Exhibit 1, not ensuring that the individual sections are consistent with each other and complete;

EXHIBITS 2, 2R, 3, 3R, & 4

- inserting the wrong HUD-424 for the applicant, especially if your project is a renewal;
- the project budget request in the exhibit exceeds the Project Priorities chart amount;
- not describing the new portion of an existing homeless assistance project where funds are being requested for an expansion of the project;
- incorrect renewal grant numbers;
- incorrect renewal amount request;
- not directly responding to all applicable questions in the project narrative;
- not requesting an extension of the current grant term before renewal application submission to ensure the project being requested expires in 2004;
- not indicating the grant term;
- not filling out the budget section completely; for example: -- SHP budget lacks applicant cash match; mathematical mistakes; not reflecting statutory match requirements; incorrect FMRs used.

C. Eligible Persons to be Served

1. Who can receive assistance from the projects proposed in an application?

A person must be homeless in order to receive assistance under the SHP, S+C, and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) programs. Other restrictions may also apply, depending upon the program.

A person is considered homeless only when he/she resides in one of the places described below:

- a. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- b. in an emergency shelter;
- c. in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter;
- d. in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- e. is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
- f. is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.

2. Can a project serve persons at risk of becoming homeless?

No. By law, only those persons who are homeless may be served by the programs under the NOFA. If your organization wants to serve persons at risk of becoming homeless, persons who are "doubled up," or persons who are "near homelessness," it would need to use another source. HUD administers the Emergency Shelter Grants (ESG) program that can fund homelessness prevention activities. A variety of other programs, such as Section 8, Community Development Block Grant (CDBG) and HOME, serve low-income persons who may be at risk of becoming homeless due to poor housing conditions, overcrowding or other reasons. Contact your local HUD field office for more information on these and other programs.

3. Can a project serve a person being discharged from a State mental health institution in a state that requires housing to be provided upon the person's release?

If your State has a policy requiring housing as part of a discharge plan, HUD does not consider those persons homeless since they will be placed in housing arranged by the State. Contact your State department of mental health or similar State agency for information on its discharge policy. If your State does not require housing as part of discharge planning, then those persons being discharged may be served as long as they will be homeless as described in Question #1 of this section.

As a condition for award in the competition, any governmental entity serving as an applicant must agree to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. This condition for award, in the form of a certification and required by law, is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and to forestall attempts to use scarce McKinney-Vento Act funds to assist such persons in lieu of State and local resources.

4. Can a project serve a homeless youth after he/she becomes a ward of the state, or serve runaway youths?

Project funding may not substitute for the assistance a State is required to provide a youth while in foster care. Project funding can, however, be used to supplement the State's assistance by providing a needed service that is not required to be provided by the State as part of its foster care system. Youth who run away from home are considered homeless if they are residing in those places listed under the criteria in Question #1 of this section, are without resources and support, and are not considered wards of the state.

5. Can a homeless person moving into permanent housing receive services under SHP for an extended period of time?

The person may receive supportive services for the term of the grant if he/she is living with a disability. If the person is not disabled, however, he/she may receive services for only up to six months after moving into permanent housing.

6. Who does HUD consider to be chronically homeless?

A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter during that time.

D. SHP Administrative Costs

1. What is the requirement regarding splitting SHP administrative costs?

This requirement is applicable only to States and units of general local governments who are the applicants for SHP funding for individual projects that will be operated by nonprofit organizations. If SHP funds for administrative costs are awarded to a State or unit of general local government where the projects will be operated by nonprofit organizations, some of these funds must be passed on to the nonprofit organization(s). As stated in the NOFA, this requirement is NOT applicable to the SRO and S+C programs, nor does it apply to applicants that are non-government entities.

2. How much of SHP administrative funds referred to in Question #1 of this section must be passed on to the nonprofit organization(s) who will operate the homeless assistance project(s)?

Administrative funds provided as part of the SHP grant should be split with the nonprofit organization(s) in proportion to the administrative burden borne by them for the SHP project(s). However, HUD will consider States or units of general local government that pass on at least 50 percent of the administrative funds as having met this Congressionally-mandated requirement.

E. Match Requirements

1. Under the SHP, what is the operating cost match requirement? Is this a cash match?

SHP funds may be used to pay for up to 75 percent of the total operating costs of supportive housing for all years of the grant term (this change is not applicable to grants awarded prior to calendar year 2000). For example, if the annual operating costs are \$100,000, SHP funds may be used to pay up to \$75,000, or 75 percent, of these costs in each year of the grant term and the grantee would be required to pay \$25,000, or 25 percent, each year.

The operating costs match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the technical submission application (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission document). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind contributions do not count toward meeting this match.

2. Is the SHP operating costs match requirement applicable to projects submitted for renewal funding?

Yes. Projects submitted for renewal are allowed to request up to 75 percent of the actual operating costs of supportive housing for all years of the grant term. However, renewal applicants may not request SHP funds to replace State or local government funds being used in the project.

3. What is the supportive services match requirement for SHP? Is this a cash match?

The 2003 HUD Appropriation Act specifies a 25 percent match of SHP supportive service funding (i.e., for every \$100 in SHP funds, the applicant must provide \$25 toward supportive services). Another way to look at this is that the SHP request can be no more than 80 percent of the total budget for the supportive services line item (i.e., 80% of the \$125 (total budget) in the above example equals \$100). If you do not indicate in your SHP application budget that you are supplying the full match required, your SHP request will be reduced so that it is no greater than 80 percent of your total supportive services budget.

The supportive services match to be paid by the grantee is a cash match. Documentation of firm commitments of cash resources for the first year of the grant term and certification that cash resources will be provided in the second and third year of the grant term, if applicable, must be submitted as part of the Technical Submission (the form and content requirements of the cash match documentation and certification are explained in the applicable exhibits of the SHP Technical Submission). In addition, the cash match must be verified in the Annual Progress Report. Donated or in-kind services do not count toward meeting this match.

4. What if we have a renewal project that is requesting supportive services funds? Do those funds need to be matched?

Yes. A renewal project requesting supportive services funds must also meet the match requirement as described in question #3 of this section.

F. Application

1. Is there a firm page limit for Exhibit 1, the CoC narrative?

Yes. Applicants must limit the number of pages in Exhibit 1 to 30 pages, including attachments. HUD will not review the pages exceeding the 30 page limit when rating Exhibit #1. In fairness to larger CoCs, and as noted in the application kit, only the first page of multiple page project priority and leveraging charts, and the first page of the response to items 2.D, 3.E, 3.F, 7.C, and 8.D will count toward the 30 page limit.

2. Is there a formatting requirement for the written commitments claimed on the Project Leveraging chart?

The written commitment must be documented on letterhead stationery, signed and dated by an authorized representative, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available.

Written commitments are not submitted at the time of application. However, they must be submitted for verification by HUD prior to grant agreement execution. Only the value of contributions to a project for which the applicant has a written commitment at the time of application will be counted toward points for leveraging of other resources.

An additional change you should be aware of when filling out the leveraging chart is that the instructions now say that the value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project. For example, the value of donated land buildings or equipment claimed in 2002 or before for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions.

3. Each Exhibit 1, CoC, must be identical for each associated application under a continuum. Would HUD accept the associated applications from a given community if just one of the associated applications contained the entire Exhibit 1, with the other associated applications simply cross-referencing that exhibit?

Yes. HUD will accept associated applications in which Exhibit 1 has been submitted in this way. However, for the application containing the complete Exhibit 1, please state at the beginning of that exhibit: "This is an associated application. Exhibit 1: CoC is being submitted in its entirety only in this application. The applications of all other associated applicants for this same continuum, as listed below, will cross-reference and adopt this exhibit." (List the names of all other associated applicants.)

For each of the associated applications not containing the complete Exhibit 1, please state: "This is an associated application. By agreement between all associated applicants, Exhibit 1: CoC has been submitted in its entirety only in the application from (state applicant's name). We adopt that Exhibit 1 and agree to follow it if our application is selected for funding."

4. If my application is received at the HUD Field Office by the deadline, but not at HUD Headquarters in Washington, D.C., is my application considered "on time" and will it be considered for funding?

No. The determination of an "on time" application is made at HUD Headquarters in Washington, D.C. Your application must arrive by the deadline at HUD Headquarters in order for it to be considered for funding. HUD is constrained by the HUD Reform Act not to accept any applications that arrive after the deadline. (See NOFA for specific application delivery instructions.)

In addition, as stated in the NOFA, reviews will be based solely upon the contents of the application submitted to HUD Headquarters. Application materials submitted to the HUD Field Office and not to Headquarters, even if submitted prior to the deadline, will not be considered in the review of the CoC or of individual projects.

5. The NOFA says that HUD will perform a “threshold” review of my application. What does this mean? What should I be aware of when preparing my application?

HUD reviews your application to ensure that the applicant is eligible to apply for the program it selected and has the requisite capacity to carry it out. It also reviews the capacity of all other organizations involved with the proposed project. It is imperative, therefore, to demonstrate that applicants and any sponsors or other organizations involved have sufficient capacity. Be sure to answer all of the questions under the Experience Narrative section(s) of the program exhibit(s). It is also imperative that nonprofit applicants include documentation demonstrating their eligibility.

HUD also reviews your project exhibit to ensure that your project will only serve homeless people (see Section C, question #1, of this supplement), that what you propose is eligible, and, in the case of projects other than SHP renewals and S+C renewals, that your project meets threshold quality standards. You can help ensure that your project passes the quality review by completely answering all of the applicable Project Narrative questions in the program exhibit. These questions relate directly to the NOFA threshold standards so it is important that you address each and every applicable factor in the Project Narrative(s) and complete the charts for the program for which you are applying.

After consultations with HHS, the individual project quality threshold review criteria have been modified to obtain better information on the nature of the supportive services being proposed by the applicant (i.e., supportive service requests must be cost-effective). In addition, performance review standards have been included for renewal projects and can be used as the basis for rejecting poorly performing projects. Finally, all projects, including renewals (except S+C renewals), must submit a specific plan for ensuring that clients will individually be assisted to obtain the benefits of the mainstream assistance programs for which they are eligible.

Under SHP and S+C, renewal projects are considered to have met most of the threshold requirements through their previously approved grant applications. However, threshold reviews will be done on renewal projects to determine: (1) the eligibility of proposed activities; (2) the eligibility of the population to be served; and (3) the capacity of the applicant and project sponsor, including specific progress data contained in the APR.

G. Continuum of Care Geography

1. What options do communities have in deciding the area to be covered by a CoC?

The primary consideration is to design a system that will most effectively meet the needs of the homeless population. Remember, the single most important factor in receiving funding under this competition is the strength of the CoC as measured against the CoC criteria in the NOFA.

Organizations within any locality may decide to: (a) create a CoC system within its own local boundaries; (b) join nearby communities in creating a multi-county or regional CoC system that fully involves all the communities included and serves the territory of the combined communities; (c) join with the State government or a Statewide organization in creating a Statewide CoC system; or (d) join with the State government or a Statewide organization in developing a CoC system for a specific community and/or county, or an entire region.

Local communities are strongly discouraged from attempting to divide up the geographic area of a locality and developing separate CoC systems with separate applications for each portion of the locality. Such an approach undercuts the concept of CoC because your strategy should be community-wide, comprehensive and inclusive.

2. What options do State governments and Statewide organizations have in deciding the areas to be included in a CoC?

Statewide applicants may:

- a. include the entire area of the state not covered by local CoC strategies in a single application which describes the Statewide CoC system for that entire area;
- b. include a part of the area of the State not covered by local CoC systems in a single application which describes the CoC system for that area, which could include one or more counties not covered by local CoC systems; or,
- c. submit two or more applications, each representing a separate CoC system developed by the State or a Statewide organization and its local partners for different sub-State areas not covered by local CoC systems. Each sub-State area could cover a single county or multi-county area.

The area proposed by a State government or Statewide agency should only include those counties and communities that are fully involved in the development and implementation of the CoC strategy with the State. This involvement should be described in Exhibit 1 of the application.

3. How can a rural community maximize its opportunity for project funding under the NOFA?

Because of their small demographic numbers, rural areas generally will have small pro rata need amounts. In order to maximize its funding potential, a rural area may wish to form a regional CoC system encompassing several contiguous counties. A single pro rata need figure for the combined geography will be calculated by adding the pro rata need figures together for each county. However, all geographic areas included in the regional CoC system need to be actively involved in the development and implementation of the CoC system and this involvement must be described in the CoC narrative.

4. My community is involving the State in its CoC system. Should the community describe its coordination with the State in the community's Exhibit 1? What about the Statewide application, if there is one?

Both the community and the Statewide applications should describe the coordination that has occurred in their respective applications. State support of a local CoC system can be a factor in the success of the local system. However, neither application should include the other as a jurisdiction covered by the other's strategy when describing the geographic area covered by their respective systems.

5. What if a Statewide or regional applicant wants to propose a project in a locality covered by a separate CoC strategy?

When a Statewide or regional entity wants to carry out a project within an area covered by a separate CoC strategy, that project must be included in the application submitted by the local community with the Statewide or regional entity listed as project sponsor and/or applicant. Since such a project would be proposed to fill a gap in a community's strategy, it would be listed only in the local community's CoC priority listing (NOT the Statewide or regional organization's) and would receive a Need score based on the priority listing in that local community's strategy. However, a single HMIS project may cover the implementation of an HMIS across multiple CoCs.

H. Housing Gaps Analysis/Homeless Population and Subpopulations Charts

1. Why were changes made to the Gaps Analysis Chart?

Starting in 2001, HUD began streamlining the Gaps Analysis Chart in response to feedback from CoC planners concerning the burden and utility of the data being collected. We eliminated the priority levels and made the supportive services section optional. A recent Urban Institute study of the Continuum of Care process confirmed the burdens of collecting the needs data and reiterated local concerns about the usefulness of the data being collected and meaningfulness of several elements of the chart.

For 2003, we have limited the Gaps Analysis process to the housing components of the CoC. Summary data from the Fundamental Components of the CoC System (Housing Activity) are used to complete the Housing Gaps Analysis Chart and unmet shelter and housing needs are based upon the CoC's judgment.

To get better and more consistent data on the size and characteristics of the homeless population, we have integrated elements of the 2002 homeless count table and the homeless subpopulation Gap Analysis table into a new Homeless Population and Subpopulation Chart.

Your local or State government planning agencies have information on how to do a survey, as well as the benefits of various survey designs. In addition, HUD, through the Interagency Council on the Homeless, published the manual, Practical Methods for Counting Homeless People, which also describes data collection methods and sources. You may order a copy of this manual by contacting the Urban Institute's publications office on 202-261-5687. The cost is \$13.50 and includes shipping and handling charges.

I. Project Priorities

1. Why is HUD asking communities to prioritize their projects on the Project Priority chart in Exhibit 1? Who sets the priorities in a community?

Prioritizing projects should be a logical outcome of the development of a community's CoC strategy and driven by the community's gaps analysis. This means that all organizations in the process have a voice in determining the community's priorities for funding. Priorities should be established through a fair and rational process using objective criteria. Selecting the entity (or entities) that facilitates or leads the selection process is completely up to the community. Different entities will take the lead in different communities.

As stated in the application and the NOFA, HUD expects your community's CoC strategy to be developed by and coordinated with an as inclusive group as possible. Organizations involved in this process should include nonprofit organizations as well as community and faith-based entities, government agencies, public housing authorities, housing developers and service providers, businesses and business associations, law enforcement agencies, hospitals, funding providers, and homeless and formerly homeless persons. These and other organizations should represent and address the specific needs of each homeless sub-population: the jobless, veterans, persons with serious mental illnesses, persons suffering from substance abuse, persons living with HIV/AIDS, victims of domestic violence, runaway youth and others.

2. **What if our community decides it is unable to prioritize individual projects? Can we just submit one large request for funding and decide later how to divide the request into projects based on an RFP (Request for Proposals) or similar process?**

No. The decision-making process for deciding the types of projects to include on the Project Priorities chart, and each project's priority for funding, must be completed prior to submission. A community cannot undertake an RFP or similar process after submission. If a Project Priorities chart is not submitted, all projects are likely to receive the lowest points for Need. Moreover, the CoC score will also be adversely affected by the absence of priorities.

3. **What happens if the dollars requested on the Project Priorities chart do not match the dollars requested in the project budget?**

If the project budget shows a higher dollar request than the Project Priorities chart, that amount will be reduced to match the Project Priorities chart. If the dollars requested in the project budget are lower than those shown on the Project Priorities chart, then the lower of the two amounts will be considered by HUD to be the requested amount.

4. **What happens if the grant term requested on the Project Priorities Chart does not match the grant term requested in the project budget?**

The grant term circled on the project budget will be used. Keep in mind that new SHP projects must have at least a two-year grant term.

J. Pro Rata Need and Need Scores

1. **What is "pro rata need"?**

Pro rata need is the term used to describe the relative portion of national homeless assistance need assigned to a community or group of communities in HUD's CoC competition. The "pro rata need amount" is the expression of relative homeless assistance need in dollar terms for use in scoring the "need" rating factor within a CoC competition.

2. **How is the pro rata need amount determined for a community?**

There are several steps HUD uses to reach the final pro rata need amount for each community, as described below:

Step 1 - Preliminary pro rata need: Prior to application submission, HUD calculates a "relative need index" for each CDBG-entitled city and county and each non-CDBG-entitled county in the country. HUD uses the same indices of need in computing each community's index that is used in determining the formula amounts under the CDBG and ESG programs. Each city's and county's need index is then applied against the total amount of funding available nationally in each year's CoC competition to determine the preliminary pro rata need amount for each geographic area.

Following application submission, HUD assigns each city and county identified as participating in a CoC system in all submitted applications its preliminary pro rata need amount. HUD then aggregates the preliminary pro rata need numbers for all the geographic components participating in each CoC.

Step 2 - Renewal-adjusted pro rata need: Each CoC system's preliminary pro rata need amount will then be compared to the SHP project renewal need identified by that CoC in its Project Priorities chart. Only SHP renewal projects eligible for submission in the competition will be counted for this purpose. Similarly, only that portion of submitted renewal requests that are for activities that may be renewed

will be counted (i.e., a proposed expansion of a renewal project is not eligible as a renewal and must be presented as a new project and be shown separately on the Project Priorities chart).

When the total one-year renewal need amount of all eligible SHP renewals submitted in the competition exceeds the preliminary pro rata need amount for that CoC, an amount equal to the difference will be added to the CoC's preliminary pro rata need amount. The net effect of this will be that sufficient funds will be provided to every Continuum of Care so that all of their eligible SHP renewals can be funded for one year if they are successful in this year's funding round and if they are placed as top priorities in the application. However, if the total one year amount of eligible SHP renewals in a CoC is equal to or less than that CoC's preliminary pro rata need, no upward adjustment will be made to their pro rata need.

Note: If a Continuum of Care has a total one-year SHP renewal request greater than its preliminary pro rata need AND that CoC requests more than one year of assistance for one or more of its SHP renewals, this may likely result in at least one of their lower priority renewal requests not being funded due to insufficient pro rata need. If you are in this situation, you are urged to limit the term of your SHP renewal request(s) to one year.

No renewal adjustment will be made to a CoC's preliminary pro rata need amount for eligible S+C renewals being funded non-competitively for one year from the separate McKinney-Vento Act account set up for this purpose since their funding does not count against a CoC's pro rata need.

Step 3 - Permanent housing pro rata need bonus: Again this year, HUD will add a bonus amount on top of the renewal-adjusted pro rata need amount for any CoC system that identifies a new permanent housing project passing all threshold requirements as its number one priority project. In such instances, the full amount of such a project's eligible housing activities, up to the lesser of 100 percent of the CoC's preliminary pro rata need or \$750,000, will be added to the renewal-adjusted pro rata need amount for that CoC system. Please see Section M, question #3, for examples of the application of the permanent housing bonus.

The dollar amount determined after application of each of these steps, as applicable, is referred to as the "final pro rata need amount."

3. Why does my CoC's final pro rata need amount vary from one year to the next?

As can be seen from the discussion above, final pro rata need is influenced by a number of variables that include: updated census data in the formula used to assign PRN; the total amount of dollars available for the competition nationally; the amount of eligible one-year SHP renewal need identified by your CoC system; and, whether or not your CoC system seeks a permanent housing bonus.

4. How is "pro rata need" used?

HUD takes each CoC community's final pro rata need amount and applies it against the requested amount (as adjusted where necessary) of each project on the community's Project Priority chart. Starting with project priority #1 and proceeding down the chart, skipping individual projects rejected during the threshold review, projects whose requested amounts fall fully within the applicant's CoC pro rata need amount, as adjusted ("first level"), or those where more than one-half the requested amount falls within this "first level" receive the full 40 points available for Need. Continuing down the list, those projects whose requested amounts fall fully within the "second level" (two times the pro rata need amount, as adjusted), or those where more than one-half the requested amount falls within the "second level" receive 15 points. Any remaining projects on the priority list each receive 10 points.

There are only two exceptions to the above procedures. The first exception will occur if the first non-rejected project on any CoC system's priority list fails to meet the criteria for receiving 40 points. In

such instances, in order to achieve greater geographic diversity, the total requested amount for the first non-rejected priority project will be reduced to the applicant's CoC final pro rata need amount and assigned 40 points.

The second exception will occur if the total amount that would be awarded for "first level" projects in any CoC following the above procedures exceeds the final pro rata need amount for that CoC by more than \$200,000. In such instances, the lowest priority "first level" project being selected will be reduced to the level necessary to ensure that the total amount being awarded for such projects does not exceed the final pro rata need amount by more than \$200,000.

5. If five different cities/counties develop a single CoC system, will the pro rata need figures of the five jurisdictions be added together?

Yes. A single final pro rata need figure for the combined geography of the five jurisdictions will be calculated by adding the five separate Need figures. The combined figure will then be used to determine the number of projects on the single Project Priorities chart that will receive 40, 15 and 10 points for Need, as described above. To ensure that the full Pro Rata Need is received, be sure to include all the geography of participating cities/counties on the Application Summary.

6. Given the situation in the previous question, do the projects then have to be located in all five jurisdictions proportionally?

No. The projects do not have to be located in all five jurisdictions nor do they have to be located proportionally. However, the single CoC system must be designed to address the problem of homelessness in all five jurisdictions, and it must be clear in the application the various CoC organizations in all five jurisdictions are actively working together in planning and implementing the CoC. Otherwise, the very important CoC score, which represents up to 60 points, will be adversely affected.

K. Serving Veteran Needs

1. The NOFA mentions veterans groups. How should veterans organizations be involved in the CoC?

Your community process for developing and implementing a CoC system should be comprehensive and inclusive. This means the needs of all homeless sub-populations in your community should be represented in your CoC planning process and project implementation. Because studies show that a significant segment of the homeless population are veterans, it's especially important to involve veterans organizations so that the needs of homeless veterans are addressed appropriately and effectively.

2. Is there any guidance available on developing programs to address the needs of homeless veterans?

In 2002, HUD has released two new technical assistance resources addressing the needs of homeless veterans. The first report, A Place at the Table: Homeless Veterans and Local Homeless Assistance Planning Networks, is designed to help organizations serving homeless veterans to more effectively participate in the homeless assistance program planning networks in their communities and, in particular, to access resources through the Continuum of Care planning process.

The second report, Coordinating Resources and Developing Strategies to Address the Needs of Homeless Veterans, provides information on promising practices for effectively coordinating HUD funding with other resources in order to address the special needs of homeless veterans. Both reports

can be found at the HUD homepage at <http://www.hud.gov/homeless/index.cfm> under homeless vets. Printed versions of these 2 reports will be available from Community Connections at 1-800-998-9999.

L. Projects

1. What is the extension policy for SHP grants?

For SHP grants expiring in a given calendar year, grantees that will have SHP or other funds to carry them beyond that calendar year have the option of extending their grant term for up to one year subject to HUD approval. Grant terms may be extended if:

- (1) the renewal project fails to receive funding in a competition and wants to become eligible to apply again in the next competition;
- (2) the grantee of a project currently eligible for renewal fails to apply in a competition but wants to be eligible to apply in the next competition; or
- (3) there is an overabundance of renewal requests in the community in a particular year.

Grant terms may not be extended for more than one year. In addition, extensions for less than a year are acceptable if an entire year is not needed to carry the term into the next calendar year. For example, if a grant term ends in November 2002, it need only be extended for 2 months to carry the grant term into January 2003.

To obtain an extension, grantees must request that their local HUD field office process a grant agreement amendment. Such requests must be submitted before the application deadline. With the request for an amendment, grantees must submit information to the field office demonstrating how they fit one of the criteria above and that they have the financial resources to carry out the project fully in accordance with all of the provisions of their grant agreement during the extension period. (See Section N, question #8, regarding funding sources that may be used to continue a project.)

Please note that if a project fails to be renewed in a competition, it would not be eligible to apply for renewal again in the next competition unless the grantee submits a request for and receives an extension of the project's term.

2. If my project has several structures and we are also providing supportive services, including outreach, how would I include the supportive service on the budget sheets?

New projects will be including a structure budget for each of the structures in your project. If supportive services are also included, then spread the services among the structure budgets so that the structure budgets add up to the total budget.

3. May SHP funds be used in public housing facilities?

Yes. An SHP project may use public housing units only after the PHA disposes of the units, through deed or lease, to the SHP grantee and obtains HUD approval of the disposition. After the disposition, these units can receive no public housing capital or operating subsidy.

4. In the 2003 HUD Appropriations Act, Congress has included a provision to ensure the timely implementation of projects awarded funding in the CoC competition. Does this affect my project?

Recipients conditionally awarded funds in the 2003 CoC funding round must have a fully executed grant agreement or, in the case of the Section 8 Moderate Rehabilitation SRO Program, Annual Contributions Contract, by September 30, 2005. If a grant agreement or ACC is not executed by that date, the award will be withdrawn. These funds will remain available for expenditure for five years from that date.

5. If a grantee has money left over after the term of their SHP grant, can the grant be extended in order to spend the remaining money?

SHP projects cannot be extended merely to spend the remaining grant funds. However, if a grant is extended into the next calendar year so that it can become eligible to apply for renewal in the next competition, grant funds remaining from the current term may be used as a source of funding to continue the project during the extension.

6. In the application for SHP, under Section D of Exhibit 2, when would it be appropriate to use the "New" exhibit?

You would use the "new" SHP exhibit in the following situations:

- if you were proposing a brand new project that has not provided services or supportive housing for homeless persons;
- if you are making an addition to an existing non-SHP funded project (only the addition is considered eligible for funding);
- if you are making an addition to an existing SHP funded project (only the addition is considered eligible for funding; see Section N, question #4, regarding how to apply for renewal and expansion of the same project);
- if you are bringing your project up to code (only activities which are code-related are eligible);
- if you are replacing non-renewable Federal or private funds in an existing project; or
- if you are re-starting an SHP project which received SHP funding in the past, but the SHP funding ended when the project term expired, and the project did not continue to provide services or supportive housing for homeless persons.

7. Do new and renewal SHP project applicants use identical forms?

No. There are two exhibits for SHP projects this year. The new projects will use the first exhibit (2) and the renewals will use the second exhibit (2R).

8. Are there any new Lead-Based Paint or Environmental review requirements this year?

No. However, the changes made in 2001 were so important that they are worth repeating here.

The changes in the Lead-Based Paint regulations, which became effective for recipients of funding in the 2001 competition, are extensive. The regulations set hazard reduction requirements that give much greater emphasis than existing regulations on reducing lead in house dust. Scientific research has found that exposure to lead in dust is the most common way young children become lead poisoned. Therefore, the new regulation requires dust testing after paint is disturbed to make sure the home is lead-safe. Specific requirements depend on whether the housing is being disposed of or assisted by the Federal Government, and also on the type and amount of financial assistance, the age of the structure, and whether the dwelling is rental or owner-occupied. For additional information, contact your local Field Office.

In regard to environmental reviews, an important statutory change now provides that for recipients who are private nonprofit organizations or public housing authorities (PHA), the environmental review may be performed by responsible entities (units of general local government in whose jurisdiction the activity is located or States) in accordance with 24 CFR Part 58 - "Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities" whether or not the grantee is itself a unit of local government or State.

If a responsible entity is either unwilling or unable to perform an environmental review for grantees who are public housing agencies or private nonprofit organizations (Section 58.11), or if HUD determines that the responsible entity should not perform the environmental review on the basis of performance, timing or compatibility of objectives, HUD may designate another responsible entity to conduct the review under Part 58 or may itself conduct the environmental review based on Part 50.

- 9. State and local governments funded in previous competitions were required to certify that they would develop policies and protocols for people being discharged from publicly funded institutions. How do State and local grantees report on our efforts toward implementing the requirements of that certification?**

Project applicants who are State or local governments awarded funds in previous competitions are asked in the Project Narrative, Section A, to provide a description of any policies and protocols they have developed/implemented regarding discharges from publicly funded institutions. They should also indicate how these changes have or will prevent such discharges from resulting in homelessness for discharged persons. A copy of the description should be placed in each submitted project.

- 10. Can Section 8 project-based assistance (PBA) or Section 8 tenant-based assistance (TBA) be used in a SHP funded transitional housing program?**

No. HUD will not fund **new** projects mixing Section 8 assistance in SHP-funded transitional projects. Experience with such funding has resulted in many complex operating issues when the two subsidy streams are combined. Section 8 is intended to be a permanent housing resource and should be integrated into the CoC in that manner.

- 11. If my project is a new "Supportive Services Only" project, do I still have to answer all of the narrative questions in the Project Narrative, including the questions related to housing?**

Applicants for the Supportive Services Only component of the SHP must answer all items in Exhibit 2, Section A, Project Narrative, except item #3 and #7.

M. Permanent Housing Requirement

- 1. What exactly is the 30 percent permanent housing requirement in this year's competition?**

The FY 2003 HUD Appropriations Act specifies that S+C renewal grants awarded this year shall be funded from the appropriation. The Act stipulates that after funding the S+C renewals, 30 percent must be awarded to permanent housing projects. The 30 percent requirement applies to the competition overall, not to individual applications. In other words, HUD is not requiring each community to submit 30 percent of its projects as permanent housing. However, in order to meet this statutory requirement, HUD may have to skip over higher scoring non-permanent housing projects in order to fund lower scoring permanent housing projects or, within a continuum, skip over higher priority non-permanent housing projects in order to fund lower priority permanent housing projects. In order to reduce the chances that one of your non-permanent housing projects will be skipped over for funding, every effort should be made to improve your CoC narrative.

Certain projects in the Safe Haven component of the Supportive Housing Program may now be included in the definition of permanent housing for the purpose of determining compliance with the 30 percent permanent housing requirement. Projects now meeting the definition of permanent housing for this purpose are projects under the following programs:

- S+C (new);
- Section 8 SRO; and
- the SHP/Permanent Housing component (new and renewal);
- Safe Haven projects which have the characteristics of the permanent housing component of SHP, including a lease with the resident.

You should be careful in your application to establish that your Safe Haven project qualifies as permanent housing.

2. If HUD finds that it must select for funding lower rated permanent housing projects and, consequently, must skip over non-permanent housing projects above the funding line to meet the 30 percent permanent housing requirement, how will it be done?

Should it be necessary to skip over non-permanent housing projects for funding in order to achieve the 30% requirement, HUD will first skip over new non-permanent housing projects when making project selections in order to meet the 30 percent requirement. If the 30 percent requirement has not been met after skipping over the new non-permanent housing projects, then HUD will skip over non-permanent housing renewal projects. In skipping over new non-permanent housing projects, HUD will begin with the lowest rated (eligible) fundable new non-permanent project at the projected funding line and continue up the rankings until the 30 percent requirement is met. If it is necessary to skip over non-permanent housing renewal projects, HUD will proceed in the same way.

If it becomes necessary to select for funding lower rated permanent housing projects below the funding line as to achieve the 30% permanent housing requirement, these permanent housing projects, in order to be eligible for funding for this purpose, must have been assigned at least 15 Need points and be submitted as part of either a "consolidated" or an "associated" Continuum of Care application that received at least 20 points under the Continuum of Care scoring factor. However, no Continuum of Care application may receive more than 30% above its final pro rata need amount, up to \$3 million, for permanent housing projects assigned only 15 Need points ("second-level" projects) that are selected for funding under this procedure.

3. How does the "incentive" for first priority NEW permanent housing projects work?

To help ensure that the 30 percent permanent housing requirement is met and to promote permanent housing generally, an incentive is provided in this year's competition. If a CoC's number one priority project qualifies as an eligible, new permanent housing project, then the full amount of that project's eligible housing activities, up to the lesser of 100 percent of that CoC's preliminary pro rata need or \$750,000, will be added to the renewal-adjusted pro rata need amount for the continuum. The project must be specified as the number one priority on the continuum's priority chart and it must be a new project, not a renewal. The project must also be found eligible by passing the project threshold review.

Example #1: A new S+C project is proposed as the number one priority with eligible activities totaling \$800,000. The continuum has a preliminary pro rata need amount of \$750,000. If this project passes threshold eligibility review, \$750,000 of the \$800,000 in eligible activity costs for this number one priority project will be added to the initial \$750,000 pro rata need amount resulting in a final pro rata need for the continuum of \$1,500,000.

Example #2: A new SHP permanent housing project is proposed as the number one priority with eligible housing activities totaling \$350,000. The continuum has a preliminary pro rata need amount of \$300,000. If it passes threshold eligibility review, one hundred percent of the CoC's preliminary pro rata need (\$300,000) of the \$350,000 in eligible housing activity costs for this number one priority project will be added to the initial \$300,000 resulting in a final pro rata need amount for the continuum of \$600,000.

Example #3: A new Safe Haven permanent housing project is proposed as the number one priority with an SHP request for \$500,000. The project has a request for \$250,000 in acquisition and rehabilitation, and \$250,000 in supportive services. The pro rata need for this community is \$800,000. In this case, only the eligible housing activity costs (\$250,000) will be added to the pro rata need (\$800,000) to give a final pro rata need of \$1,050,000.

4. **Since the law calls for 30 percent of the appropriation for the homeless assistance funds to be used for permanent housing, should our community rank the permanent housing projects at the top of the Project Priorities chart to ensure they are funded?**

There is no mandate to adjust your priority list. However, non-permanent housing projects on your priority list may not receive funding if a lower ranked permanent housing project must be funded in order to comply with the statutory requirement.

N. Renewal Funding

1. **What is a renewal grant?**

A renewal grant is a grant that continues assistance to a project that received funding in the past. For the 2003 competition, a grantee may request renewal funding if it was previously funded under one of the following programs and its grant will expire in calendar year 2004. The following are eligible:

- a. SHP projects, including those renewed before, that are expiring in 2004;
- b. S+C projects expiring in 2004 that will have insufficient funds to continue operating throughout 2004, or S+C projects having been previously extended but which are projected to run out of funds in 2004.

2. **Who can apply for a renewal?**

Only the current grantee (the entity that has executed the grant agreement with HUD) can be an applicant for a renewal. In order to identify the current grantee as the applicant in this year's competition, a HUD-424 must be included as part of the application. If in doubt, please check with your local HUD field office. Please note that project sponsors and other entities that are not the grantee cannot apply for renewal. The law allows only the grantee to apply.

3. **A current SHP grantee decides to add new activities or expand the level of an existing approved activity to its existing SHP funded project (i.e., expand the project) and submits an application requesting funding for these new activities. Would this be considered a renewal grant?**

No. In order to be considered an SHP renewal, a project must not include either a new activity or an expansion of an existing activity. An expansion of an existing project is considered a new effort and would be submitted as a new project.

4. Do I have to submit separate project applications to both renew and expand my SHP project?

Yes. If a project is eligible for renewal and the grantee wants to apply for funds to both renew the existing project and to add new activities or expand existing activities to the same project, a separate Exhibit 2, Project Narrative, must be submitted for each. That is, an Exhibit 2 should be submitted requesting the renewal of the existing project and another Exhibit 2 should be submitted requesting funding for only the additional new or expanded activities. In addition, both projects should be listed as separate priorities on the Project Priorities chart in Exhibit 1.

5. How do I determine if my project is eligible for SHP renewal?

To be eligible for an SHP renewal, your current HUD grant must expire during calendar year 2004. A grant is expiring in calendar year 2004 if its term ends during that year. Many grants begin with acquisition, rehabilitation, or new construction which must be completed before term activities can begin. Term activities are those that are funded for a period of time specified in the NOFA, grant agreement, or HUD renewal guidance under which the grant was funded – such as one, two or three years. Term activities are leasing, operations, and supportive services. Note: The term of a grant does not begin until the grantee begins to serve participants.

The term ends when the specified time period for the grant elapses. For example, a 1999 SHP grant was awarded a three-year term. The term ends three years from the time the grantee first serves participants and draws SHP funds for leasing, operations or supportive services, not three years from the first draw of SHP funds for any other approved activity.

However, if a grant term has been extended the term ends when the period of extension expires as indicated in the grant agreement amendment. If the grant whose term was extended is subsequently renewed, the renewal grant term begins when the extension period expires.

Contact your local HUD field office to confirm whether your project is eligible for renewal in this competition. Your discussions with the field office should clarify the terms of any extensions, as well as any amendments that have been executed. Any minor changes (less than 10% shift of funds from one activity to another) should be part of your discussion.

6. How much money can I request for my SHP renewal?

The amount an applicant may request for activities eligible for renewal in an existing project (i.e., leasing, operations, supportive services) is based on the average annual amount of the grant being renewed as approved by HUD for these activities in the existing grant's Technical Submission. Renewal funds can only be requested for continuing a previously approved project at the same level of housing and/or services provided in the previous grant. The amount requested for operations may not exceed 75 percent of the total operations budget and the amount requested for supportive services may not exceed 80 percent of the total supportive services budget (see Section E of this supplement regarding match requirements for these activities).

7. Are there any performance standards my renewal grant will have to meet in order to be funded?

Yes. Performance review standards have been included as part of the threshold review of all renewal projects. Renewal projects must evidence satisfactory performance for their existing grant, in HUD's opinion, based upon the substantial achievement of their program goals as reflected in their most recent Annual Progress Report. Renewal projects must also evidence, consistent with the certification required of them that they are coordinating and integrating their program with mainstream resources, that they have assisted clients to obtain the benefits of the mainstream health, social service, and employment programs for which they were eligible. The failure to achieve a satisfactory level of performance for either of these factors may be used as the basis for rejecting the project.

If an APR has not been submitted, a written response describing progress toward goals and coordination of mainstream resources may be submitted.

8. If my application for renewal of an SHP project is not funded in a competition, what sources of funds can I use to continue my project?

To continue an SHP project that was unsuccessful in seeking renewal in a prior competition, you may use any type of funds – Federal, State, local, or private funds – and still compete in the next competition. While normally the use of State or local government funds in a project would prevent future Federal funding, HUD does allow the use of State or local government funds as interim or emergency funding when they are used to continue an SHP project which was unsuccessful in seeking a renewal.

9. Are there any instances in which the scope of an SHP project may be reduced when it is renewed?

Yes. You may proportionately reduce or eliminate elements of the project and the SHP request. However, be aware that this project, as well as all projects, must meet all project threshold requirements as identified in the NOFA.

If the scope of a project is reduced, clearly indicate and fully describe in Section A, Project Narrative, in the application the following: Why it is necessary to reduce the scope of the project; which elements (housing units, services, etc.) of the project will remain and which will be reduced or eliminated; the number of persons served compared to the number in the original grant; and how the proportionate reduction in SHP funds was calculated.

10. Can a CoC decide not to request renewal funds for existing projects, or to give these projects a relatively low priority ranking?

Yes. The need for the continuation of previously funded projects should be considered in the local needs analysis process and a decision should be made locally on the priority to assign to the continuation of a project. HUD does not require that existing projects be renewed or given a higher priority than other projects. However, HUD is very concerned that the ongoing housing needs of persons currently being served by existing projects be taken into account as part of the decision-making process. The CoC should review each project at the time it seeks renewal to determine if the project is performing satisfactorily and is meeting the needs of persons it proposed to serve or whether local needs have changed and other subpopulations or types of assistance should be given preference.

11. What level of detail is needed to complete the Supportive Services and Operations Charts for renewal projects?

The charts enable you to include detailed information you already have available for renewal projects at the time of application, rather than at second submission. Requesting the detail normally included in the Technical Submission package streamlines your planning and eliminates duplication of effort following the conditional award.

12. How do I determine if my project is eligible for a S+C renewal?

Any S+C project whose grant term is expiring in calendar year 2004 and which is projected to run out of rental assistance funds in 2004 is eligible for renewal. (In addition, S+C grants that received an extension previously but which are projected to run out of funds in 2004 are also eligible.) The effective date of the grant (the date the agreement is executed by HUD) is the date used to determine whether the grant (including all of its TRA, PRA and SRA, and SRO component projects) is expiring.

It is entirely possible that within a single grant, one component project may have sufficient funds remaining to continue providing rental assistance beyond 2004 while another component project must be submitted for renewal. Therefore, the status of every S+C component project within an expiring grant should be analyzed separately to determine whether it can be extended or should be submitted for renewal.

HUD has developed procedures for extending the grant term for S+C projects expiring in calendar year 2004 with sufficient funds to carry the project into calendar year 2005. This extension process is independent from the CoC competition. In such a case, contact your HUD field office for information on seeking an extension of your project.

13. Is the special funding of Shelter Plus Care renewals going to continue in the 2003 competition and what will the requirements be for submission of these renewal applications?

Under the 2003 HUD Appropriations Act, eligible Shelter Plus Care Program grants whose terms are expiring in FY2004 and Shelter Plus Care Program grants that have been extended beyond their original five-year terms but which are projected to run out of funds in FY 2004 will be renewed for one-year provided that they are determined to be needed by the Continuum of Care and meet other programmatic and financial standards. In order to meet the Congressional intent that only Shelter Plus Care renewals determined to be needed by the Continuum of Care are funded, all Shelter Plus Care renewals must be submitted as part of a community's Continuum of Care submission and be included on the priority list. Therefore, S+C renewals must be given consideration as part of the local CoC planning process and, if approved for submission by the CoC, must be listed as the last entries on the CoC's Project Priority Chart. (Even though the selection for funding of eligible Shelter Plus Care projects is non-competitive, a Shelter Plus Care renewal application should be submitted by the deadline and in accordance with the other submission requirements described in the NOFA.)

Exhibit "3R" is for Shelter Plus Care renewal projects only. Submit a separate Exhibit 3R for each renewal project. (A renewal project may include no more than one component [i.e., TRA, SRA, PRA] and may be carried out by no more than one project sponsor.)

You may request up to the amount determined by multiplying the number of units under lease at the time of your application for renewal funding by the applicable current Fair Market Rent(s) by 12 months, except for Shelter Plus Care grants having been awarded one year of renewal funding in 2002, the number of units requested for renewal this year may not exceed the number of units funded in 2002. Upon renewal, the unspent balance of funds at the end of the previous grant period will be recaptured. The one-year term of non-competitively awarded Shelter Plus Care renewal projects may not be extended.

14. How much money can I request for my first S+C renewal or subsequent renewal?

For S+C projects seeking their first renewal in this year's competition, the renewal amount may not exceed the number of S+C units under lease at the time of application for renewal funding times the current Fair Market Rent (FMR as published in the Federal Register on September 30, 2002) times 12 months. (S+C renewal funding is now limited to one year by Congress.) However, for Shelter Plus Care grants having been awarded one-year of renewal funding in 2002, the number of units requested for renewal in 2003 may not exceed the number of units funded in 2002. (Please be advised that the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved which may be higher than those found in the September 30, 2002 FR Notice.) The renewal of S+C/SRO projects is not based on the FMR, but on the contract rent.

15. For all S+C projects seeking renewal in 2003, how long must the renewal term be under the S+C program?

For 2003 S+C renewals, the grant term is fixed by law at one year.

16. How does a State apply to renew an SHP or S+C grant that is carried out in a location having a local Continuum of Care?

The State's renewal project would need to be part of the local CoC and entered on the local community's Project Priorities chart.

If the State grant is being carried out in various locations, a State may need to divide the renewal request among several CoC priority lists. For example, a State may have an expiring grant that is being carried out in three places—two cities with their own CoC strategies, and one area that is part of the State's CoC strategy. In that case, the first two projects would appear on those communities' Project Priority chart with the State as the applicant.

O. Homeless Management Information Systems (HMIS)

1. What is a Homeless Management Information System (HMIS) and how can communities use HUD competitive funds to develop them?

A number of communities and States have long-standing comprehensive HMISs that bring computer technology to client intake procedures and permit the tracking and reporting of a client's use of shelter and social services over time. Many other communities are in various stages of implementing such client-level systems. The 2001 HUD Appropriation established as a national goal that every jurisdiction collect unduplicated client-level HMIS data by 2004. In 2001, HMIS activities became eligible under SHP to help facilitate the implementation and operation of a CoC-wide HMIS. Beginning with the 2003 competition, all awarded projects must agree to participate in a local HMIS, when implemented. The HMIS match requirement applies to HMIS activities.

2. What elements of an HMIS are eligible for funding in the competition?

The law specifies that the costs of implementing and operating an HMIS are eligible. The three major eligible HMIS costs are: 1) purchasing HMIS software; 2) leasing or purchasing needed computer equipment for providers and the central server; and 3) staffing associated with operating the HMIS, including training providers, day-to-day administration of the HMIS, analyzing HMIS data and preparing reports for providers, the continuum and HUD using HMIS data.

3. What elements of an HMIS are not eligible?

Planning and development of HMIS systems are not eligible. Planning includes all costs incurred prior to implementation. In addition to planning activities, SHP funds may not be spent on the development of entirely new software systems. There are now sufficient vendors in the marketplace with quality software so that individual communities do not need to finance the development of new software. Finally, SHP funds may not be used to replace State and local government funding for an existing HMIS.

4. Is HMIS now a separate eligible funded activity?

Yes. HMIS projects are categorized as their own type or component, and they have a separate budget line item in the SHP project budget summary.

5. Will HMIS projects count against my housing total in the Continuum of Care exhibit when calculating the "Housing Emphasis" points?

No. HMIS is a line item this year that is separate and apart from supportive services. Only housing activities and supportive services are used in calculating the "Housing Emphasis" points. As such, HMIS requests will not be included in this calculation.

6. How can we use HUD McKinney-Vento competitive funds to implement and operate a community-wide HMIS?

HMIS projects can be shared or dedicated. If the costs of the HMIS implementation are shared, then the project is classified as the type of housing or activity that it is providing. For example, if a transitional housing facility is sharing the cost of the HMIS implementation with other providers, that project continues to be classified as TH.

New this year, however, is the classification of dedicated HMIS projects as their own component, or type in the project exhibit and Project Priorities Chart. In the past, HMIS projects were classified as SSO projects. In order to accurately portray the purpose of these projects, they will be categorized independently from SSO projects. If your project was funded as an SSO HMIS and you are requesting renewal funding, you should classify your project as an HMIS, not an SSO project.

7. What standards will be used for assessing the cost-effectiveness of a proposed new or expanded HMIS?

HUD has not placed any limits on the size of the grant to fund a new or expanded HMIS, given the different number and size of homeless providers, the size of the geography involved, and the varying administrative arrangements required for implementing and operating a CoC-wide HMIS. However, HUD will look at the scope and reasonableness of the proposed activities compared to other communities in the cost-effectiveness review.

P. Strategies for Accessing Mainstream Assistance Programs

1. Why is HUD emphasizing the use of mainstream assistance programs?

Significant resources are needed to address the various housing and supportive service needs of homeless persons nationwide. Congress appropriates several *hundred billion* dollars each year for mainstream assistance programs, such as Medicaid, TANF, Food Stamps and SSI. Homeless persons are typically eligible for one or more of these major assistance programs, which can provide many of the services that are currently funded by HUD's Supportive Housing Program (SHP). For a number of years, over half of all of HUD's competitive homeless assistance funds were used to provide supportive services, as opposed to housing. The 2001 Competition was the first time in six years that trend was reversed. As providers assist homeless persons in identifying and successfully accessing mainstream assistance programs, the need to use HUD homeless resources to provide supportive services will decline, allowing HUD's funds to be increasingly used to develop more needed housing.

Because of the important role played by these mainstream programs, the law requires applicants to certify that if their organization's project(s) are selected for funding as a result of this competition, they will coordinate and integrate their homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible.

2. How can mainstream programs target the needs of people who are homeless?

Conditions of homelessness, such as transience, instability, and lack of basic resources often make it difficult for homeless individuals and families to apply for, retain, and use mainstream services. There are strategies that can be used to improve access and use of mainstream programs for homeless individuals and families. These strategies include but are not limited to:

- Improving integration and coordination of programs, where multiple needs can be addressed at the same time
- Making the process of applying easier or simultaneous for programs
- Improving outreach efforts about program benefits and eligibility requirements to the homeless and holding mainstream programs accountable for serving homeless people
- Training program personnel about the many issues unique to the homeless, such as lack of stable housing, transportation, and access to a permanent mailing address and phone

3. What are some examples of specific activities or coordination of mainstream programs?

Following are several examples some applicants in the FY 2002 competition provided to demonstrate how they were improving integration and coordination of mainstream programs. These are not all-inclusive, but represent a range of actions CoC's might consider.

- Provide case managers to accompany homeless persons to mainstream program offices and help in the eligibility process
- Develop a formal service agreement between homeless service providers and local mainstream program offices
- Create a single intake form to determine eligibility for all mainstream services
- Train mainstream program staff to conduct extensive outreach at area shelters
- Use a mobile support team for outreach and to bring clients in for mainstream services and case management and identify key contact persons to resolve barriers to services
- Distribute information and conduct presentations about mainstream programs at shelters, transitional housing, and places where homeless people congregate
- Place mental health, substance abuse, public housing and public assistance staff on-site at training or employment centers

Q. Strategies for Discharge Planning Policy**1. What are some examples of specific discharge planning policies that communities can implement?**

Following are several examples some applicants in the FY 2002 competition provided:

- Begin the process of discharge planning when a client enters the institution, not when he/she is ready to be released.
- Require all publicly funded institutions to secure all available entitlements for residents prior to discharge.
- Include all stakeholders in the planning of the policy, including professional representatives from varied disciplines (Justice Services, County Counselors Office, County Police Dept., Dept. of Human Services), municipalities, social service agencies, community organizations, and advocates. Also, these policies must be developed with input from clients. A team approach is the key to planning and implementing a successful discharge policy.

Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 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. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
 - (a) with a date; and
 - (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.

12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

Instructions for the HUD-424 (Continued)

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.

Local/Tribal Share: Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate over the life of your award.

Total: Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

Applicant Certification

(These certified statements are required by law.)

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

1. Fair Housing and Equal Opportunity.

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the

project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for S+C:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

2. Drug – Free Workplace.

It will provide drug-free workplaces in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701) by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the grantees policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and

- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f);
- (h) providing the street address, city, county, state and zip code for the site or sites where the performance of work in connection with the grant will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that States and other applicants who become grantees may add or change sites as a result of changes to program activities during the course of grant-funded activities. Grantees, in such cases, are required to advise the HUD Field Office by submitting a revised Place of Performance form. The period covered by the certification extends until all funds under the specific grant have been expended.

3. Anti-Lobbying.

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and of more than \$100,000 for each such failure.

4. Debarment.

It and its principals (see 24 CFR 24.105(p)):

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;
- (b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicated for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and
- (d) have not within a three-year period preceding this application/proposal had one or more public

transactions (Federal, State or local) terminated for cause or default.

5. Uniform Act.

It will comply with the Uniform Relocation and Real Property Acquisition Policies Act of 1970 (as amended), and the implementing regulations at: 24 CFR 583.310 for SHP, 24 CFR 582.335 for S+C, and 24 CFR 882.810 for SRO.

B. For SHP Only.

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 583.150(a).

2. 20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

3. 1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

4. Environmental Rule.

- (a) If the applicant is a State or other governmental entity with general governmental powers (see 24 CFR 583.5), it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321) (NEPA) and related environmental laws and authorities listed in 24 CFR part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR part 58.
- (b) If the applicant is a private nonprofit organization or a governmental entity with special or limited purpose powers, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out

mitigating measures required by HUD or ensure that alternate sites are utilized.

C. For S+C Only.

1. Maintenance of Effort.

It will comply with the maintenance of effort requirements described at 24 CFR 582.115(d).

2. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance and that it will fund the supportive services itself if the planned resources do not become available for any reason.

3. Components: Standards, Definitions, and \$3,000 Minimum.

- (a) For the SRO component only, the proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4), and meets the regulatory definition of single room occupancy housing (24 CFR 882.802).
- (b) For the SRO and PRA with rehabilitation components, the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

4. Environmental Rule.

- (a) If the applicant is not a PHA, it assumes all the environmental review responsibility that would otherwise be performed by HUD as the responsible Federal official under the National Environmental Policy Act (42 U.S.C. 4321)(NEPA) and related environmental laws and authorities listed in 24 CFR Part 58, including acceptance of jurisdiction of the Federal courts, and will assess the environmental effects of each application for assistance in accordance with the provisions of NEPA and 24 CFR Part 58.
- (b) If the applicant is a PHA, it will (i) not enter into a contract for, or otherwise commit HUD or local funds for, acquisition, rehabilitation, conversion, lease, repair, or construction of property to provide housing under the program, prior to HUD's completion of an environmental review in accordance with 24 CFR Part 50 and HUD's approval of the application; (ii) supply HUD with information necessary for HUD to perform any applicable environmental review when requested under 24 CFR 583.225(a); and (iii) carry out mitigating measures required by HUD or ensure that alternate sites are utilized.

D. For SRO Only.

1. Standards, Definitions, and \$3,000 Minimum.

The proposed site meets HUD's site and neighborhood standards (24 CFR 882.803(b)(4)), meets the regulatory definition of single room occupancy housing (24 CFR 882.802), and the rehabilitation costs will meet the per unit rehabilitation minimum of \$3,000.

2. Environmental Rule.

It will comply with the environmental review requirement for the SRO Program at 24 CFR 882.804(d).

E. For SHP and SRO

1. Nonprofit Board of Directors.

For private nonprofit applicants, members of its Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses, for their services.

F. For SHP and S+C.

1. Lead-Based Paint.

It will comply with the requirements of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4821-4846, and implementing regulations at 24 CFR Part 35.

G. For S+C and SRO.

1. PHA Qualification.

For PHA applicants, that it qualifies as a Public Housing Agency as specified in 24 CFR 882.102 and is legally qualified and authorized to carry out the proposed project(s).

H. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Signature of Authorized Certifying Official:		Date:
Title:		
Applicant:	For PHA Applicants Only: (PHA Number)	

Special Project Certification

Coordination and Integration of Mainstream Programs

All applicants must certify for their project(s) and submit this certification along with form HUD-424 as part of their Continuum of Care application. (You may submit a single certification covering all of your projects.)

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including SSI, Temporary Assistance for Needy Families, Medicaid, Food Stamps, State Children's Health Insurance Program, Workforce Investment Act and Veterans Health Care programs.

Authorized signature of applicant
(*required for all applicants*)

Position Title

Date

Special Project Certification

Discharge Policy

Required of all State and local government applicants. Submit this certification along with the HUD form HUD-424. (You may submit a single certification covering all of your projects.)

I hereby certify that as a condition for any funding received as a result of this competition, our government agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I understand that this condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and that McKinney-Vento Act funds are not to be used to assist such persons in place of State and local resources.

Authorized signature of applicant
*(required only for applicants that are States or
units of general local government)*

Position Title

Date

Consolidated Plan Certification

HUD is required by law to obtain Consolidated Plan Certification for each proposed project.

A. Completing the Consolidated Plan Certification

Except as stated below, all projects must have a Consolidated Plan (which is hereafter called the Plan) certification from the applicable State or local government official responsible for submitting the appropriate Plan. States and units of general local government are required to certify both that the project is consistent with the Plan, but also that they are following their currently approved Consolidated Plan. The following instructions indicate the requirement for certification by applicant type for each program.

For SHP, S+C and SRO: Units of general local government that apply must have either an approved Plan or Abbreviated Plan, and therefore must submit a certification for projects located within its jurisdiction. If the application contains projects located outside of the jurisdiction, a Plan certification must be submitted from a jurisdiction with an approved Plan, or if no local Plan covers the project, from the State. A unit of general local government applicant which does not have a Plan should seek the assistance of the local HUD Field Office regarding the development of an Abbreviated Plan.

Insular Areas (America Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands) are not required to have a Plan or Abbreviated Plan, and therefore applications submitted from these jurisdictions do not require a certification of consistency with a Plan.

For SHP and SRO: State government applicants must only submit a certification of consistency with the State Plan.

An applicant that is a **private nonprofit organization, a community mental health organization that is a public nonprofit organization, or other governmental entity such as a public housing agency** must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which the project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A have a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

For SHP Only: Non-State applicants proposing activities which will occur in more than one jurisdiction, only need to obtain a certification from the jurisdiction in which the program is administered if they are proposing: (1) Services Only activities; or

(2) Scattered-Site Leasing where a participant selects the specific rental unit for which SHP rental assistance will be used. For other forms of leasing, submit a certification from each jurisdiction where units are located.

For S+C Only: State government applicants must submit a certification from both the State and the applicable local jurisdiction(s) where the proposed project will be located.

Public housing agencies must provide a certification from each jurisdiction in which a project will be located. If the local jurisdiction in which a project will be located does not have a Plan or an Abbreviated Plan, then a certification from the State must be submitted. For example, if an application contained projects in jurisdiction A having a Plan and jurisdiction B not having a Plan, then the applicant would have to submit a certification from jurisdiction A and a certification from the State for jurisdiction B.

B. Completing the Location Section

For SHP, S+C and SRO: Facility-Based. If the project involves acquisition, rehabilitation, new construction, or leasing (except scattered-site leasing of rental housing units), enter the city and county in which the site is located.

For SHP and S+C: Scattered-Site Leasing. Follow (1) or (2) depending on whether the project sponsor or the participant selects the units.

- (1) If the project involves scattered-site leasing of rental housing units where the project sponsor will select and lease the units, identify each city and county in which the rental units will be located.
- (2) If the project involves scattered-site leasing of rental housing units where the participant will select the rental units, enter the city and county in which the organization that will be administering the rental assistance is located.

For SHP Only: Services Only. If the project is a Services Only project (not expansions of existing projects with additional services), enter the city and county in which the organization that will be administering the project is located.

Please consult your local HUD Field Office for assistance in identifying jurisdictions with a Plan and the official authorized to provide certification. **For each required certification, use the exact language as stated on the form.** HUD recommends completing the form itself and submitting it as the certification, rather than retyping it.

U. S. Department of Housing and Urban Development

Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. Additionally, if the applicant is a state or unit of general local government, that the jurisdiction is following its current approved Consolidated Plan.

(Type or clearly print the following information)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
Applicant is applying: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
Of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
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 this 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.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

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

Applicant/Recipient Information Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): ()	2. Social Security Number or Employer ID Number: -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

Part I Threshold Determinations

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

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

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

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

Signature: X	Date: (mm/dd/yyyy)
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Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
 2. State the type of other government assistance (e.g., loan, grant, loan insurance).
 3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

Client Comments and Suggestions

U.S. Department of Housing
and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

- (a) is clear and easily understandable
(b) better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
(b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? Yes No

**Acknowledgment of
Application Receipt**

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

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

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

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

Processor's Name _____

Date of Receipt _____

Supporting Documents for Continuum of Care Application

1. SuperNOFA – See General Section
2. SuperNOFA – See Continuum of Care NOFA
3. Geographic Area Codes
4. HUD Community Planning and Development Field Office Contact List

Geographic Area Code

The following list identifies the geographic codes for the cities and counties in the United States, including the District of Columbia, American Samoa, Guam, the Virgin Islands, and Puerto Rico. Please use this list to identify each geographic area included in your Continuum of Care system. List each name and 6-digit code on the Application Summary sheet which is the first page of your application.

ALABAMA

010072 AL ANNISTON	010144 AL AUBURN	010594 AL DECATUR
010216 AL BESSEMER	010228 AL BIRMINGHAM	010882 AL GADSDEN
010624 AL DOTHAN	010810 AL FLORENCE	011542 AL MOBILE
011206 AL HOOVER	011218 AL HUNTSVILLE	012268 AL TUSCALOOSA
011560 AL MONTGOMERY	011740 AL OPELIKA	019005 AL BARBOUR COUNTY
019001 AL AUTAUGA COUNTY	019003 AL BALDWIN COUNTY	019011 AL BULLOCK COUNTY
019007 AL BIBB COUNTY	019009 AL BLOUNT COUNTY	019017 AL CHAMBERS COUNTY
019013 AL BUTLER COUNTY	019015 AL CALHOUN COUNTY	019023 AL CHOCTAW COUNTY
019019 AL CHEROKEE COUNTY	019021 AL CHILTON COUNTY	019029 AL CLEBURNE COUNTY
019025 AL CLARKE COUNTY	019027 AL CLAY COUNTY	019035 AL CONECH COUNTY
019031 AL COFFEE COUNTY	019033 AL COLBERT COUNTY	019041 AL CRENSHAW COUNTY
019037 AL COOSA COUNTY	019039 AL COVINGTON COUNTY	019047 AL DALLAS COUNTY
019043 AL CULLMAN COUNTY	019045 AL DALE COUNTY	019053 AL ESCAMBIA COUNTY
019049 AL DEKALB COUNTY	019051 AL ELMORE COUNTY	019059 AL FRANKLIN COUNTY
019055 AL ETOWAH COUNTY	019057 AL FAYETTE COUNTY	019065 AL HALE COUNTY
019061 AL GENEVA COUNTY	019063 AL GREENE COUNTY	019071 AL JACKSON COUNTY
019067 AL HENRY COUNTY	019069 AL HOUSTON COUNTY	019077 AL LAUDERDALE COUNTY
019073 AL JEFFERSON COUNTY	019075 AL LAMAR COUNTY	019083 AL LIMESTONE COUNTY
019079 AL LAWRENCE COUNTY	019081 AL LEE COUNTY	019089 AL MADISON COUNTY
019085 AL LOWNDES COUNTY	019087 AL MACON COUNTY	019095 AL MARSHALL COUNTY
019091 AL MARENGO COUNTY	019093 AL MARION COUNTY	019101 AL MONTGOMERY
019097 AL MOBILE COUNTY	019099 AL MONROE COUNTY	019107 AL PICKENS COUNTY
019103 AL MORGAN COUNTY	019105 AL PERRY COUNTY	019113 AL RUSSELL COUNTY
019109 AL PIKE COUNTY	019111 AL RANDOLPH COUNTY	019119 AL SUMTER COUNTY
019115 AL ST. CLAIR COUNTY	019117 AL SHELBY COUNTY	019125 AL TUSCALOOSA COUNTY
019121 AL TALLADEGA COUNTY	019123 AL TALLAPOOSA COUNTY	019131 AL WILCOX COUNTY
019127 AL WALKER COUNTY	019129 AL WASHINGTON COUNTY	
019133 AL WINSTON COUNTY		

ALASKA

020078 AK ANCHORAGE	029016 AK ALEUTIANS WEST	029050 AK BETHEL CENSUS AREA
029013 AK ALEUTIANS EAST	029068 AK DENALI BOROUGH	029070 AK DILLINGHAM CENSUS
029060 AK BRISTOL BAY	029100 AK HAINES BOROUGH	029110 AK JUNEAU CITY AND
029090 AK FAIRBANKS NORTH	029130 AK KETCHIKAN	029150 AK KODIAK ISLAND
029122 AK KENAI PENINSULA	029170 AK MATANUSKA-SUSITNA	029180 AK NOME CENSUS AREA
029164 AK LAKE AND PENINSULA	029188 AK NORTHWEST ARCTIC	029201 AK PRINCE OF
029185 AK NORTH SLOPE	029232 AK SKAGWAY-HOONAH-A	029240 AK SOUTHEAST
029220 AK SITKA CITY AND	029270 AK WADE HAMPTON	029280 AK WRANGELL-PETERSBU
029261 AK VALDEZ-CORDOVA	029290 AK YUKON-KOYUKUK	
029282 AK YAKUTAT CITY AND		

AMERICAN SAMOA

600001 AS AMERICAN SAMOA

ARIZONA

040072 AZ CHANDLER	040180 AZ GILBERT	040186 AZ GLENDALE
040144 AZ FLAGSTAFF	040324 AZ PEORIA CITY	040330 AZ PHOENIX
040270 AZ MESA	040468 AZ TEMPE	040492 AZ TUCSON
040384 AZ SCOTTSDALE	049001 AZ APACHE COUNTY	049003 AZ COCHISE COUNTY
040558 AZ YUMA	049007 AZ GILA COUNTY	049009 AZ GRAHAM COUNTY
049005 AZ COCONINO COUNTY	049012 AZ LA PAZ COUNTY	049013 AZ MARICOPA COUNTY
049011 AZ GREENLEE COUNTY	049017 AZ NAVAJO COUNTY	049019 AZ PIMA COUNTY
049015 AZ MOHAVE COUNTY	049023 AZ SANTA CRUZ COUNTY	049025 AZ YAVAPAI COUNTY
049021 AZ PINAL COUNTY		
049027 AZ YUMA COUNTY		

ARKANSAS

050600 AR CONWAY			
050894 AR FAYETTEVILLE			
051410 AR JONESBORO			
052130 AR PINE BLUFF			
052556 AR TEXARKANA			
059003 AR ASHLEY COUNTY			
059009 AR BOONE COUNTY			
059015 AR CARROLL COUNTY			
059021 AR CLAY COUNTY			
059027 AR COLUMBIA COUNTY			
059033 AR CRAWFORD COUNTY			
059039 AR DALLAS COUNTY			
059045 AR FAULKNER COUNTY			
059051 AR GARLAND COUNTY			
059057 AR HEMPSTEAD COUNTY			
059063 AR INDEPENDENCE			
059069 AR JEFFERSON COUNTY			
059075 AR LAWRENCE COUNTY			
059081 AR LITTLE RIVER			
059087 AR MADISON COUNTY			
059093 AR MISSISSIPPI COUNTY			
059099 AR NEVADA COUNTY			
059105 AR PERRY COUNTY			
059111 AR POINSETT COUNTY			
059117 AR PRAIRIE COUNTY			
059123 AR ST. FRANCIS COUNTY			
059129 AR SEARCY COUNTY			
059135 AR SHARP COUNTY			
059141 AR VAN BUREN COUNTY			
059147 AR WOODRUFF COUNTY			
050930 AR FORT SMITH			
051560 AR LITTLE ROCK			
052304 AR ROGERS			
052754 AR WEST MEMPHIS			
059005 AR BAXTER COUNTY			
059011 AR BRADLEY COUNTY			
059017 AR CHICOT COUNTY			
059023 AR CLEBURNE COUNTY			
059029 AR CONWAY COUNTY			
059035 AR CRITTENDEN COUNTY			
059041 AR DESHA COUNTY			
059047 AR FRANKLIN COUNTY			
059053 AR GRANT COUNTY			
059059 AR HOT SPRING COUNTY			
059065 AR IZARD COUNTY			
059071 AR JOHNSON COUNTY			
059077 AR LEE COUNTY			
059083 AR LOGAN COUNTY			
059089 AR MARION COUNTY			
059095 AR MONROE COUNTY			
059101 AR NEWTON COUNTY			
059107 AR PHELPS COUNTY			
059113 AR POLK COUNTY			
059119 AR PULASKI COUNTY			
059125 AR SALINE COUNTY			
059131 AR SEBASTIAN COUNTY			
059137 AR STONE COUNTY			
059143 AR WASHINGTON COUNTY			
059149 AR YELL COUNTY			
051374 AR JACKSONVILLE			
051938 AR NORTH LITTLE ROCK			
052466 AR SPRINGDALE			
059001 AR ARKANSAS COUNTY			
059007 AR BENTON COUNTY			
059013 AR CALHOUN COUNTY			
059019 AR CLARK COUNTY			
059025 AR CLEVELAND COUNTY			
059031 AR CRAIGHEAD COUNTY			
059037 AR CROSS COUNTY			
059043 AR DREW COUNTY			
059049 AR FULTON COUNTY			
059055 AR GREENE COUNTY			
059061 AR HOWARD COUNTY			
059067 AR JACKSON COUNTY			
059073 AR LAFAYETTE COUNTY			
059079 AR LINCOLN COUNTY			
059085 AR LONOKE COUNTY			
059091 AR MILLER COUNTY			
059097 AR MONTGOMERY			
059103 AR OUACHITA COUNTY			
059109 AR PIKE COUNTY			
059115 AR POPE COUNTY			
059121 AR RANDOLPH COUNTY			
059127 AR SCOTT COUNTY			
059133 AR SEVIER COUNTY			
059139 AR UNION COUNTY			
059145 AR WHITE COUNTY			

CALIFORNIA

060012 CA ALAMEDA			
060102 CA ANTIOCH			
060234 CA BALDWIN PARK			
060450 CA BUENA PARK			
060564 CA CARLSBAD			
060684 CA CHICO			
060720 CA CHULA VISTA			
060810 CA CONCORD			
060906 CA CUPERTINO CITY			
061032 CA DOWNEY			
061152 CA EL MONTE			
061266 CA FAIRFIELD			
061404 CA FREMONT			
061428 CA GARDENA			
061464 CA GLENDALE			
061602 CA HAYWARD			
061692 CA HUNTINGTON BEACH			
061750 CA IRVINE			
061869 CA LAKE FOREST			
061914 CA LANCASTER			
062088 CA LONG BEACH			
062166 CA MADERA			
062286 CA MISSION VIEJO			
062334 CA MONTEREY			
062382 CA MOUNTAIN VIEW			
062454 CA NEWPORT BEACH			
062532 CA OCEANSIDE			
062622 CA OXNARD			
062676 CA PALM SPRINGS			
062706 CA PARAMOUNT CITY			
062766 CA PICO RIVERA			
060030 CA ALHAMBRA			
060108 CA APPLE VALLEY			
060288 CA BELLFLOWER			
060456 CA BURBANK			
060594 CA CARSON			
060708 CA CHINO			
060726 CA CITRUS HEIGHTS			
060828 CA CORONA			
060930 CA DALY			
061116 CA EL CAJON			
061212 CA ENCINITAS			
061332 CA FONTANA			
061410 CA FRESNO			
061440 CA GARDEN GROVE			
061470 CA GLENDORA CITY			
061614 CA HEMET			
061698 CA HUNTINGTON PARK			
061854 CA LAGUNA NIGUEL			
061890 CA LAKEWOOD			
062034 CA LIVERMORE			
062118 CA LOS ANGELES			
062250 CA MERCED			
062292 CA MODESTO			
062340 CA MONTEREY PARK			
062406 CA NAPA CITY			
062490 CA NORWALK			
062556 CA ONTARIO			
062658 CA PALMDALE			
062682 CA PALO ALTO			
062724 CA PASADENA			
062790 CA PITTSBURG			
060078 CA ANAHEIM			
060228 CA BAKERSFIELD			
060324 CA BERKELEY			
060516 CA CAMARILLO			
060654 CA CERRITOS			
060709 CA CHINO HILLS			
060804 CA COMPTON			
060846 CA COSTA MESA			
060942 CA DAVIS			
061146 CA ELK GROVE			
061230 CA ESCONDIDO			
061380 CA FOUNTAIN VALLEY			
061416 CA FULLERTON			
061452 CA GILROY CITY			
061596 CA HAWTHORNE			
061638 CA HESPERIA			
061740 CA INGLEWOOD			
061860 CA LA HABRA			
061896 CA LA MESA			
062064 CA LOMPOC			
062148 CA LYNWOOD			
062274 CA MILPITAS CITY			
062328 CA MONTEBELLO			
062367 CA MORENO VALLEY			
062412 CA NATIONAL CITY			
062508 CA OAKLAND			
062568 CA ORANGE			
062670 CA PALM DESERT			
062700 CA PARADISE			
062760 CA PETALUMA			
062826 CA PLEASANTON CITY			

062850 CA	POMONA	062862 CA	PORTERVILLE	062930 CA	RANCHO CUCAMONGA
062958 CA	REDDING	062964 CA	REDLANDS	062970 CA	REDONDO BEACH
062976 CA	REDWOOD CITY	062988 CA	RIALTO	063000 CA	RICHMOND
063048 CA	RIVERSIDE	063102 CA	ROSEMEAD	063108 CA	ROSEVILLE
063144 CA	SACRAMENTO	063162 CA	SALINAS	063180 CA	SAN BERNARDINO
063210 CA	SAN DIEGO	063228 CA	SAN FRANCISCO	063258 CA	SAN JOSE
063276 CA	SAN LEANDRO	063294 CA	SAN MARCOS CITY	063312 CA	SAN MATEO
063342 CA	SANTA ANA	063348 CA	SANTA BARBARA	063354 CA	SANTA CLARA
063356 CA	SANTA CLARITA	063360 CA	SANTA CRUZ	063372 CA	SANTA MARIA
063384 CA	SANTA MONICA	063396 CA	SANTA ROSA	063408 CA	SANTEE
063444 CA	SEASIDE	063480 CA	SIMI VALLEY	063528 CA	SOUTH GATE
063564 CA	SOUTH SAN FRANCISCO	063624 CA	STOCKTON	063660 CA	SUNNYVALE
063732 CA	THOUSAND OAKS	063744 CA	TORRANCE	063768 CA	TULARE
063798 CA	TURLOCK	063804 CA	TUSTIN	063846 CA	UNION CITY
063852 CA	UPLAND	063858 CA	VACAVILLE	063876 CA	VALLEJO
063888 CA	SAN BUENAVENTURA	063900 CA	VICTORVILLE	063918 CA	VISALIA
063924 CA	VISTA	063942 CA	WALNUT CREEK	063966 CA	WATSONVILLE
064002 CA	WEST COVINA	064014 CA	WESTMINSTER	064074 CA	WHITTIER
064134 CA	WOODLAND	064158 CA	YORBA LINDA	064176 CA	YUBA
069001 CA	ALAMEDA COUNTY	069003 CA	ALPINE COUNTY	069005 CA	AMADOR COUNTY
069007 CA	BUTTE COUNTY	069009 CA	CALAVERAS COUNTY	069011 CA	COLUSA COUNTY
069013 CA	CONTRA COSTA	069015 CA	DEL NORTE COUNTY	069017 CA	EL DORADO COUNTY
069019 CA	FRESNO COUNTY	069021 CA	GLENN COUNTY	069023 CA	HUMBOLDT COUNTY
069025 CA	IMPERIAL COUNTY	069027 CA	INYO COUNTY	069029 CA	KERN COUNTY
069031 CA	KINGS COUNTY	069033 CA	LAKE COUNTY	069035 CA	LASSEN COUNTY
069037 CA	LOS ANGELES COUNTY	069039 CA	MADERA COUNTY	069041 CA	MARIN COUNTY
069043 CA	MARIPOSA COUNTY	069045 CA	MENDOCINO COUNTY	069047 CA	MERCED COUNTY
069049 CA	MODOC COUNTY	069051 CA	MONO COUNTY	069053 CA	MONTEREY COUNTY
069055 CA	NAPA COUNTY	069057 CA	NEVADA COUNTY	069059 CA	ORANGE COUNTY
069061 CA	PLACER COUNTY	069063 CA	PLUMAS COUNTY	069065 CA	RIVERSIDE COUNTY
069067 CA	SACRAMENTO	069069 CA	SAN BENITO COUNTY	069071 CA	SAN BERNARDINO
069073 CA	SAN DIEGO COUNTY	069077 CA	SAN JOAQUIN COUNTY	069079 CA	SAN LUIS OBISPO
069081 CA	SAN MATEO COUNTY	069083 CA	SANTA BARBARA	069085 CA	SANTA CLARA
069087 CA	SANTA CRUZ COUNTY	069089 CA	SHASTA COUNTY	069091 CA	SIERRA COUNTY
069093 CA	SISKIYOU COUNTY	069095 CA	SOLANO COUNTY	069097 CA	SONOMA COUNTY
069099 CA	STANISLAUS COUNTY	069101 CA	SUTTER COUNTY	069103 CA	TEHAMA COUNTY
069105 CA	TRINITY COUNTY	069107 CA	TULARE COUNTY	069109 CA	TUOLUMNE COUNTY
069111 CA	VENTURA COUNTY	069113 CA	YOLO COUNTY	069115 CA	YUBA COUNTY

COLORADO

080054 CO	ARVADA	080288 CO	COLORADO SPRINGS	089019 CO	CLEAR CREEK COUNTY
080072 CO	AURORA	080672 CO	GRAND JUNCTION	089025 CO	CROWLEY COUNTY
080390 CO	DENVER	080978 CO	LONGMONT	089033 CO	DOLORES COUNTY
080690 CO	GREELEY	080990 CO	LOVELAND	089039 CO	ELBERT COUNTY
080144 CO	BOULDER	081614 CO	WESTMINSTER	089045 CO	GARFIELD COUNTY
080552 CO	FORT COLLINS	089001 CO	ADAMS COUNTY	089051 CO	GUNNISON COUNTY
080906 CO	LAKEWOOD	089007 CO	ARCHULETA COUNTY	089057 CO	JACKSON COUNTY
081278 CO	PUEBLO	089013 CO	BOULDER COUNTY	089063 CO	KIT CARSON COUNTY
089003 CO	ALAMOSA COUNTY	089005 CO	ARAPAHOE COUNTY	089069 CO	LARIMER COUNTY
089009 CO	BACA COUNTY	089011 CO	BENT COUNTY	089071 CO	LAS ANIMAS COUNTY
089015 CO	CHAFFEE COUNTY	089017 CO	CHEYENNE COUNTY	089073 CO	LINCOLN COUNTY
089021 CO	CONEJOS COUNTY	089023 CO	COSTILLA COUNTY	089035 CO	DOUGLAS COUNTY
089027 CO	CUSTER COUNTY	089029 CO	DELTA COUNTY	089067 CO	LA PLATA COUNTY
089037 CO	EAGLE COUNTY	089065 CO	LAKE COUNTY	089059 CO	JEFFERSON COUNTY
089041 CO	EL PASO COUNTY	089043 CO	FREMONT COUNTY	089061 CO	KIOWA COUNTY
089047 CO	GILPIN COUNTY	089049 CO	GRAND COUNTY	089055 CO	HUERFANO COUNTY
089053 CO	HINSDALE COUNTY	089075 CO	LOGAN COUNTY		

089077 CO MESA COUNTY	089079 CO MINERAL COUNTY	089081 CO MOFFAT COUNTY
089083 CO MONTEZUMA COUNTY	089085 CO MONTROSE COUNTY	089087 CO MORGAN COUNTY
089089 CO OTERO COUNTY	089091 CO OURAY COUNTY	089093 CO PARK COUNTY
089095 CO PHILLIPS COUNTY	089097 CO PITKIN COUNTY	089099 CO PROWERS COUNTY
089101 CO PUEBLO COUNTY	089103 CO RIO BLANCO COUNTY	089105 CO RIO GRANDE COUNTY
089107 CO ROUTT COUNTY	089109 CO SAGUACHE COUNTY	089111 CO SAN JUAN COUNTY
089113 CO SAN MIGUEL COUNTY	089115 CO SEDGWICK COUNTY	089117 CO SUMMIT COUNTY
089119 CO TELLER COUNTY	089121 CO WASHINGTON COUNTY	089123 CO WELD COUNTY
089125 CO YUMA COUNTY		

CONNECTICUT

090102 CT BRIDGEPORT	090258 CT DANBURY	090336 CT EAST HARTFORD
090114 CT BRISTOL	090438 CT GREENWICH	090480 CT HAMDEN TOWN
090390 CT FAIRFIELD	090594 CT MANCHESTER	090612 CT MERIDEN
090492 CT HARTFORD	090636 CT MILFORD TOWN	090696 CT NEW BRITAIN
090630 CT MIDDLETOWN	090738 CT NEW LONDON	090810 CT NORWALK
090726 CT NEW HAVEN	091074 CT STAMFORD	091104 CT STRATFORD
090816 CT NORWICH	091230 CT WEST HARTFORD	091236 CT WEST HAVEN
091194 CT WATERBURY	099003 CT HARTFORD COUNTY	099005 CT LITCHFIELD COUNTY
099001 CT FAIRFIELD COUNTY	099009 CT NEW HAVEN COUNTY	099011 CT NEW LONDON
099007 CT MIDDLESEX COUNTY	099015 CT WINDHAM COUNTY	
099013 CT TOLLAND COUNTY		

DELAWARE

100090 DE DOVER	100336 DE WILMINGTON	109001 DE KENT COUNTY
109003 DE NEW CASTLE COUNTY	109005 DE SUSSEX COUNTY	

DISTRICT OF COLUMBIA

110006 DC WASHINGTON

FLORIDA

120234 FL BOCA RATON	120270 FL BRADENTON	120402 FL CAPE CORAL
120264 FL BOYNTON BEACH	120516 FL COCOA	120588 FL CORAL SPRINGS
120492 FL CLEARWATER	120690 FL DAYTONA BEACH	120708 FL DEERFIELD BEACH
120684 FL DAVIE	120738 FL DELTONA	120954 FL FT LAUDERDALE
120732 FL DELRAY BEACH	120996 FL FORT PIERCE	121008 FL FORT WALTON BEACH
120966 FL FT MYERS	121236 FL HIALEAH	121320 FL HOLLYWOOD
121038 FL GAINESVILLE	121662 FL LAKELAND	121710 FL LARGO
121458 FL JACKSONVILLE-DUVAL	121878 FL MARGATE	121926 FL MELBOURNE
121728 FL LAUDERHILL	121974 FL MIAMI BEACH	122022 FL MIRAMAR
121968 FL MIAMI	122142 FL NORTH MIAMI	122214 FL OCALA
122064 FL NAPLES	122358 FL PALM BAY	122406 FL PANAMA CITY
122292 FL ORLANDO	122466 FL PENSACOLA	122514 FL PLANTATION
122448 FL PEMBROKE PINES	122586 FL PORT ST LUCIE	122598 FL PUNTA GORDA
122538 FL POMPANO BEACH	122766 FL SARASOTA	122958 FL SUNRISE
122724 FL ST PETERSBURG	123006 FL TAMARAC	123012 FL TAMPA
123000 FL TALLAHASSEE	123252 FL WEST PALM BEACH	123342 FL WINTERHAVEN
123048 FL TITUSVILLE	129003 FL BAKER COUNTY	129005 FL BAY COUNTY
129001 FL ALACHUA COUNTY	129009 FL BREVARD COUNTY	129011 FL BROWARD COUNTY
129007 FL BRADFORD COUNTY	129015 FL CHARLOTTE COUNTY	129017 FL CITRUS COUNTY
129013 FL CALHOUN COUNTY	129021 FL COLLIER COUNTY	129023 FL COLUMBIA COUNTY
129019 FL CLAY COUNTY	129029 FL DIXIE COUNTY	129033 FL ESCAMBIA COUNTY
129027 FL DESOTO COUNTY	129037 FL FRANKLIN COUNTY	129039 FL GADSDEN COUNTY
129035 FL FLAGLER COUNTY	129043 FL GLADES COUNTY	129045 FL GULF COUNTY
129041 FL GILCHRIST COUNTY	129049 FL HARDEE COUNTY	129051 FL HENDRY COUNTY
129047 FL HAMILTON COUNTY	129055 FL HIGHLANDS COUNTY	129057 FL HILLSBOROUGH
129053 FL HERNANDO COUNTY	129061 FL INDIAN RIVER COUNTY	129063 FL JACKSON COUNTY
129059 FL HOLMES COUNTY	129067 FL LAFAYETTE COUNTY	129069 FL LAKE COUNTY
129065 FL JEFFERSON COUNTY	129073 FL LEON COUNTY	129075 FL LEVY COUNTY
129071 FL LEE COUNTY	129079 FL MADISON COUNTY	129081 FL MANATEE COUNTY
129077 FL LIBERTY COUNTY	129085 FL MARTIN COUNTY	129086 FL MIAMI-DADE COUNTY
129083 FL MARION COUNTY	129089 FL NASSAU COUNTY	129091 FL OKALOOSA COUNTY
129087 FL MONROE COUNTY		

129093 FL	ORANGE COUNTY	129095 FL	ORANGE COUNTY	129097 FL	OSCEOLA COUNTY
129099 FL	PALM BEACH COUNTY	129101 FL	PASCO COUNTY	129103 FL	PINELLAS COUNTY
129105 FL	POLK COUNTY	129107 FL	PUTNAM COUNTY	129109 FL	ST. JOHNS COUNTY
129111 FL	ST. LUCIE COUNTY	129113 FL	SANTA ROSA COUNTY	129115 FL	SARASOTA COUNTY
129117 FL	SEMINOLE COUNTY	129119 FL	SUMTER COUNTY	129121 FL	SUWANNEE COUNTY
129123 FL	TAYLOR COUNTY	129125 FL	UNION COUNTY	129127 FL	VOLUSIA COUNTY
129129 FL	WAKULLA COUNTY	129131 FL	WALTON COUNTY	129133 FL	WASHINGTON COUNTY
GEORGIA					
130054 GA	ALBANY	130168 GA	ATHENS-CLARKE	130174 GA	ATLANTA
130192 GA	AUGUSTA	130750 GA	COLUMBUS-MUSCOGEE	139321 GA	WORTH COUNTY
131968 GA	MACON	131998 GA	MARIETTA	132832 GA	ROSWELL
132916 GA	SAVANNAH	133432 GA	WARNER ROBINS	139001 GA	APPLING COUNTY
139003 GA	ATKINSON COUNTY	139005 GA	BACON COUNTY	139007 GA	BAKER COUNTY
139009 GA	BALDWIN COUNTY	139011 GA	BANKS COUNTY	139013 GA	BARROW COUNTY
139015 GA	BARTOW COUNTY	139017 GA	BEN HILL COUNTY	139019 GA	BERRIEN COUNTY
139021 GA	BIBB COUNTY	139023 GA	BLECKLEY COUNTY	139025 GA	BRANTLEY COUNTY
139027 GA	BROOKS COUNTY	139029 GA	BRYAN COUNTY	139031 GA	BULLOCH COUNTY
139033 GA	BURKE COUNTY	139035 GA	BUTTS COUNTY	139037 GA	CALHOUN COUNTY
139039 GA	CAMDEN COUNTY	139043 GA	CANDLER COUNTY	139045 GA	CARROLL COUNTY
139047 GA	CATOOSA COUNTY	139049 GA	CHARLTON COUNTY	139051 GA	CHATHAM COUNTY
139053 GA	CHATTAHOOCHEE	139055 GA	CHATTOOGA COUNTY	139057 GA	CHEROKEE COUNTY
139061 GA	CLAY COUNTY	139063 GA	CLAYTON COUNTY	139065 GA	CLINCH COUNTY
139067 GA	COBB COUNTY	139069 GA	COFFEE COUNTY	139071 GA	COLQUITT COUNTY
139073 GA	COLUMBIA COUNTY	139075 GA	COOK COUNTY	139077 GA	COWETA COUNTY
139079 GA	CRAWFORD COUNTY	139081 GA	CRISP COUNTY	139083 GA	DADE COUNTY
139085 GA	DAWSON COUNTY	139087 GA	DECATUR COUNTY	139089 GA	DE KALB COUNTY
139091 GA	DODGE COUNTY	139093 GA	DOOLY COUNTY	139095 GA	DOUGHERTY COUNTY
139097 GA	DOUGLAS COUNTY	139099 GA	EARLY COUNTY	139101 GA	ECHOLS COUNTY
139103 GA	EFFINGHAM COUNTY	139105 GA	ELBERT COUNTY	139107 GA	EMANUEL COUNTY
139109 GA	EVANS COUNTY	139111 GA	FANNIN COUNTY	139113 GA	FAYETTE COUNTY
139115 GA	FLOYD COUNTY	139117 GA	FORSYTH COUNTY	139119 GA	FRANKLIN COUNTY
139121 GA	FULTON COUNTY	139123 GA	GILMER COUNTY	139125 GA	GLASCOCK COUNTY
139127 GA	GLYNN COUNTY	139129 GA	GORDON COUNTY	139131 GA	GRADY COUNTY
139133 GA	GREENE COUNTY	139135 GA	GWINNETT COUNTY	139137 GA	HABERSHAM COUNTY
139139 GA	HALL COUNTY	139141 GA	HANCOCK COUNTY	139143 GA	HARALSON COUNTY
139145 GA	HARRIS COUNTY	139147 GA	HART COUNTY	139149 GA	HEARD COUNTY
139151 GA	HENRY COUNTY	139153 GA	HOUSTON COUNTY	139155 GA	IRWIN COUNTY
139157 GA	JACKSON COUNTY	139159 GA	JASPER COUNTY	139161 GA	JEFF DAVIS COUNTY
139163 GA	JEFFERSON COUNTY	139165 GA	JENKINS COUNTY	139167 GA	JOHNSON COUNTY
139169 GA	JONES COUNTY	139171 GA	LAMAR COUNTY	139173 GA	LANIER COUNTY
139175 GA	LAURENS COUNTY	139177 GA	LEE COUNTY	139179 GA	LIBERTY COUNTY
139181 GA	LINCOLN COUNTY	139183 GA	LONG COUNTY	139185 GA	LOWNDES COUNTY
139187 GA	LUMPKIN COUNTY	139189 GA	MCDUFFIE COUNTY	139191 GA	MCINTOSH COUNTY
139193 GA	MACON COUNTY	139195 GA	MADISON COUNTY	139197 GA	MARION COUNTY
139199 GA	MERIWETHER	139201 GA	MILLER COUNTY	139205 GA	MITCHELL COUNTY
139207 GA	MONROE COUNTY	139209 GA	MONTGOMERY	139211 GA	MORGAN COUNTY
139213 GA	MURRAY COUNTY	139217 GA	NEWTON COUNTY	139219 GA	OCONEE COUNTY
139221 GA	OGLETHORPE COUNTY	139223 GA	PAULDING COUNTY	139225 GA	PEACH COUNTY
139227 GA	PICKENS COUNTY	139229 GA	PIERCE COUNTY	139231 GA	PIKE COUNTY
139233 GA	POLK COUNTY	139235 GA	PULASKI COUNTY	139237 GA	PUTNAM COUNTY
139239 GA	QUITMAN COUNTY	139241 GA	RABUN COUNTY	139243 GA	RANDOLPH COUNTY
139247 GA	ROCKDALE COUNTY	139249 GA	SCHLEY COUNTY	139251 GA	SCREVEN COUNTY
139253 GA	SEMINOLE COUNTY	139255 GA	SPALDING COUNTY	139257 GA	STEPHENS COUNTY
139259 GA	STEWART COUNTY	139261 GA	SUMTER COUNTY	139263 GA	TALBOT COUNTY
139265 GA	TALIAFERRO COUNTY	139267 GA	TATTNALL COUNTY	139269 GA	TAYLOR COUNTY

139271 GA	TELFAIR COUNTY	139273 GA	TERRELL COUNTY	139275 GA	THOMAS COUNTY
139277 GA	TIFT COUNTY	139279 GA	TOOMBS COUNTY	139281 GA	TOWNS COUNTY
139283 GA	TREUTLEN COUNTY	139285 GA	TROUP COUNTY	139287 GA	TURNER COUNTY
139289 GA	TWIGGS COUNTY	139291 GA	UNION COUNTY	139293 GA	UPSON COUNTY
139295 GA	WALKER COUNTY	139297 GA	WALTON COUNTY	139299 GA	WARE COUNTY
139301 GA	WARREN COUNTY	139303 GA	WASHINGTON COUNTY	139305 GA	WAYNE COUNTY
139307 GA	WEBSTER COUNTY	139309 GA	WHEELER COUNTY	139311 GA	WHITE COUNTY
139313 GA	WHITFIELD COUNTY	139315 GA	WILCOX COUNTY	139317 GA	WILKES COUNTY
139319 GA	WILKINSON COUNTY				

GUAM

660001 GU GUAM

HAWAII

150144 HI	HONOLULU	159009 HI	MAUI COUNTY	159007 HI	KAUAI COUNTY
159001 HI	HAWAII COUNTY	159005 HI	KALAWAO COUNTY		

IDAHO

160102 ID	BOISE	160906 ID	POCATELLO	169001 ID	ADA COUNTY
160762 ID	NAMPA	169005 ID	BANNOCK COUNTY	169007 ID	BEAR LAKE COUNTY
169003 ID	ADAMS COUNTY	169011 ID	BINGHAM COUNTY	169013 ID	BLAINE COUNTY
169009 ID	BENEWAH COUNTY	169017 ID	BONNER COUNTY	169019 ID	BONNEVILLE COUNTY
169015 ID	BOISE COUNTY	169023 ID	BUTTE COUNTY	169025 ID	CAMAS COUNTY
169021 ID	BOUNDARY COUNTY	169029 ID	CARIBOU COUNTY	169031 ID	CASSIA COUNTY
169027 ID	CANYON COUNTY	169035 ID	CLEARWATER	169037 ID	CUSTER COUNTY
169033 ID	CLARK COUNTY	169041 ID	FRANKLIN COUNTY	169043 ID	FREMONT COUNTY
169039 ID	ELMORE COUNTY	169047 ID	GOODING COUNTY	169049 ID	IDAHO COUNTY
169045 ID	GEM COUNTY	169053 ID	JEROME COUNTY	169055 ID	KOOTENAI COUNTY
169051 ID	JEFFERSON COUNTY	169059 ID	LEMHI COUNTY	169061 ID	LEWIS COUNTY
169057 ID	LATAH COUNTY	169065 ID	MADISON COUNTY	169067 ID	MINIDOKA COUNTY
169063 ID	LINCOLN COUNTY	169071 ID	ONEIDA COUNTY	169073 ID	OWYHEE COUNTY
169069 ID	NEZ PERCE COUNTY	169077 ID	POWER COUNTY	169079 ID	SHOSHONE COUNTY
169075 ID	PAYETTE COUNTY	169083 ID	TWIN FALLS COUNTY	169085 ID	VALLEY COUNTY
169081 ID	TETON COUNTY				
169087 ID	WASHINGTON COUNTY				

ILLINOIS

170222 IL	ARLINGTON HTS	170522 IL	BELLEVILLE	170606 IL	BERWYN
170342 IL	AURORA	170690 IL	BOLINGBROOK	171218 IL	CHAMPAIGN
170660 IL	BLOOMINGTON	171302 IL	CHICAGO HEIGHTS	171332 IL	CICERO
171296 IL	CHICAGO	171746 IL	DEKALB	171776 IL	DES PLAINES
171716 IL	DECATUR	172022 IL	EAST ST LOUIS	172094 IL	ELGIN
171878 IL	DOWNERS GROVE	173480 IL	JOLIET	173540 IL	KANKAKEE
172238 IL	EVANSTON	174734 IL	MOUNT PROSPECT	174806 IL	NAPERVILLE
174596 IL	MOLINE	175052 IL	NORTH CHICAGO	175148 IL	OAK LAWN
175010 IL	NORMAL	175364 IL	PALATINE VILLAGE	175520 IL	PEKIN
175154 IL	OAK PARK	175808 IL	RANTOUL	176000 IL	ROCKFORD
175526 IL	PEORIA	176300 IL	SCHAUMBURG VILLAGE	176498 IL	SKOKIE
176006 IL	ROCK ISLAND	177122 IL	URBANA	177404 IL	WAUKEGAN
176648 IL	SPRINGFIELD	179001 IL	ADAMS COUNTY	179003 IL	ALEXANDER COUNTY
177548 IL	WHEATON CITY	179007 IL	BOONE COUNTY	179009 IL	BROWN COUNTY
179005 IL	BOND COUNTY	179013 IL	CALHOUN COUNTY	179015 IL	CARROLL COUNTY
179011 IL	BUREAU COUNTY	179019 IL	CHAMPAIGN COUNTY	179021 IL	CHRISTIAN COUNTY
179017 IL	CASS COUNTY	179025 IL	CLAY COUNTY	179027 IL	CLINTON COUNTY
179023 IL	CLARK COUNTY	179031 IL	COOK COUNTY	179033 IL	CRAWFORD COUNTY
179029 IL	COLES COUNTY	179037 IL	DEKALB COUNTY	179039 IL	DE WITT COUNTY
179035 IL	CUMBERLAND	179043 IL	DU PAGE COUNTY	179045 IL	EDGAR COUNTY
179041 IL	DOUGLAS COUNTY	179049 IL	EFFINGHAM COUNTY	179051 IL	FAYETTE COUNTY
179047 IL	EDWARDS COUNTY	179055 IL	FRANKLIN COUNTY	179057 IL	FULTON COUNTY
179053 IL	FORD COUNTY	179061 IL	GREENE COUNTY	179063 IL	GRUNDY COUNTY
179059 IL	GALLATIN COUNTY	179067 IL	HANCOCK COUNTY	179069 IL	HARDIN COUNTY
179065 IL	HAMILTON COUNTY	179073 IL	HENRY COUNTY	179075 IL	IROQUOIS COUNTY
179071 IL	HENDERSON COUNTY	179079 IL	JASPER COUNTY	179081 IL	JEFFERSON COUNTY
179077 IL	JACKSON COUNTY				

179083 IL	JERSEY COUNTY	179085 IL	JO DAVIESS COUNTY	179087 IL	JOHNSON COUNTY
179089 IL	KANE COUNTY	179091 IL	KANKAKEE COUNTY	179093 IL	KENDALL COUNTY
179095 IL	KNOX COUNTY	179097 IL	LAKE COUNTY	179099 IL	LA SALLE COUNTY
179101 IL	LAWRENCE COUNTY	179103 IL	LEE COUNTY	179105 IL	LIVINGSTON COUNTY
179107 IL	LOGAN COUNTY	179109 IL	MCDONOUGH COUNTY	179111 IL	MCHENRY COUNTY
179113 IL	MCLEAN COUNTY	179115 IL	MACON COUNTY	179117 IL	MACOUPIN COUNTY
179119 IL	MADISON COUNTY	179121 IL	MARION COUNTY	179123 IL	MARSHALL COUNTY
179125 IL	MASON COUNTY	179127 IL	MASSAC COUNTY	179129 IL	MENARD COUNTY
179131 IL	MERCER COUNTY	179133 IL	MONROE COUNTY	179135 IL	MONTGOMERY
179137 IL	MORGAN COUNTY	179139 IL	MOULTRIE COUNTY	179141 IL	OGLE COUNTY
179143 IL	PEORIA COUNTY	179145 IL	PERRY COUNTY	179147 IL	PIATT COUNTY
179149 IL	PIKE COUNTY	179151 IL	POPE COUNTY	179153 IL	PULASKI COUNTY
179155 IL	PUTNAM COUNTY	179157 IL	RANDOLPH COUNTY	179159 IL	RICHLAND COUNTY
179161 IL	ROCK ISLAND COUNTY	179163 IL	ST CLAIR COUNTY	179165 IL	SALINE COUNTY
179167 IL	SANGAMON COUNTY	179169 IL	SCHUYLER COUNTY	179171 IL	SCOTT COUNTY
179173 IL	SHELBY COUNTY	179175 IL	STARK COUNTY	179177 IL	STEPHENSON COUNTY
179179 IL	TAZEWELL COUNTY	179181 IL	UNION COUNTY	179183 IL	VERMILION COUNTY
179185 IL	WABASH COUNTY	179187 IL	WARREN COUNTY	179189 IL	WASHINGTON COUNTY
179191 IL	WAYNE COUNTY	179193 IL	WHITE COUNTY	179195 IL	WHITESIDE COUNTY
179197 IL	WILL COUNTY	179199 IL	WILLIAMSON COUNTY	179201 IL	WINNEBAGO COUNTY
179203 IL	WOODFORD COUNTY				

INDIANA

180084 IN	ANDERSON	180846 IN	EAST CHICAGO	180912 IN	ELKHART
180246 IN	BLOOMINGTON	181014 IN	FORT WAYNE	181104 IN	GARY
180954 IN	EVANSVILLE	181272 IN	HAMMOND	181404 IN	INDIANAPOLIS
181158 IN	GOSHEN	181566 IN	LAFAYETTE	181950 IN	MISHAWAKA
181536 IN	KOKOMO	182130 IN	NEW ALBANY	182886 IN	SOUTH BEND
182100 IN	MUNCIE	183282 IN	WEST LAFAYETTE	189001 IN	ADAMS COUNTY
183042 IN	TERRE HAUTE	189005 IN	BARTHOLOMEW	189007 IN	BENTON COUNTY
189003 IN	ALLEN COUNTY	189011 IN	BOONE COUNTY	189013 IN	BROWN COUNTY
189009 IN	BLACKFORD COUNTY	189017 IN	CASS COUNTY	189019 IN	CLARK COUNTY
189015 IN	CARROLL COUNTY	189023 IN	CLINTON COUNTY	189025 IN	CRAWFORD COUNTY
189021 IN	CLAY COUNTY	189029 IN	DEARBORN COUNTY	189031 IN	DECATUR COUNTY
189027 IN	DAVIESS COUNTY	189035 IN	DELAWARE COUNTY	189037 IN	DUBOIS COUNTY
189033 IN	DEKALB COUNTY	189041 IN	FAYETTE COUNTY	189043 IN	FLOYD COUNTY
189039 IN	ELKHART COUNTY	189047 IN	FRANKLIN COUNTY	189049 IN	FULTON COUNTY
189045 IN	FOUNTAIN COUNTY	189053 IN	GRANT COUNTY	189055 IN	GREENE COUNTY
189051 IN	GIBSON COUNTY	189059 IN	HANCOCK COUNTY	189061 IN	HARRISON COUNTY
189057 IN	HAMILTON COUNTY	189065 IN	HENRY COUNTY	189067 IN	HOWARD COUNTY
189063 IN	HENDRICKS COUNTY	189071 IN	JACKSON COUNTY	189073 IN	JASPER COUNTY
189069 IN	HUNTINGTON COUNTY	189077 IN	JEFFERSON COUNTY	189079 IN	JENNINGS COUNTY
189075 IN	JAY COUNTY	189083 IN	KNOX COUNTY	189085 IN	KOSCIUSKO COUNTY
189081 IN	JOHNSON COUNTY	189089 IN	LAKE COUNTY	189091 IN	LAPORTE COUNTY
189087 IN	LAGRANGE COUNTY	189095 IN	MADISON COUNTY	189099 IN	MARSHALL COUNTY
189093 IN	LAWRENCE COUNTY	189103 IN	MIAMI COUNTY	189105 IN	MONROE COUNTY
189101 IN	MARTIN COUNTY	189109 IN	MORGAN COUNTY	189111 IN	NEWTON COUNTY
189107 IN	MONTGOMERY	189115 IN	OHIO COUNTY	189117 IN	ORANGE COUNTY
189113 IN	NOBLE COUNTY	189121 IN	PARKE COUNTY	189123 IN	PERRY COUNTY
189119 IN	OWEN COUNTY	189127 IN	PORTER COUNTY	189129 IN	POSEY COUNTY
189125 IN	PIKE COUNTY	189133 IN	PUTNAM COUNTY	189135 IN	RANDOLPH COUNTY
189131 IN	PULASKI COUNTY	189139 IN	RUSH COUNTY	189141 IN	ST. JOSEPH COUNTY
189137 IN	RIPLEY COUNTY	189145 IN	SHELBY COUNTY	189147 IN	SPENCER COUNTY
189143 IN	SCOTT COUNTY	189151 IN	STEBEN COUNTY	189153 IN	SULLIVAN COUNTY
189149 IN	STARKE COUNTY	189157 IN	TIPPECANOE COUNTY	189159 IN	TIPTON COUNTY
189155 IN	SWITZERLAND	189163 IN	VANDEBURGH	189165 IN	VERMILION COUNTY
189161 IN	UNION COUNTY				

189167 IN	VIGO COUNTY	189169 IN	WABASH COUNTY	189171 IN	WARREN COUNTY
189173 IN	WARRICK COUNTY	189175 IN	WASHINGTON COUNTY	189177 IN	WAYNE COUNTY
189179 IN	WELLS COUNTY	189181 IN	WHITE COUNTY	189183 IN	WHITLEY COUNTY
IOWA					
190798 IA	CEDAR FALLS	190804 IA	CEDAR RAPIDS	199197 IA	WRIGHT COUNTY
191134 IA	COUNCIL BLUFFS	191254 IA	DAVENPORT	191362 IA	DES MOINES
191464 IA	DUBUQUE	192466 IA	IOWA CITY	194812 IA	SIOUX CITY
195394 IA	WATERLOO	199001 IA	ADAIR COUNTY	199003 IA	ADAMS COUNTY
199005 IA	ALLAMAKEE COUNTY	199007 IA	APPANOOSE COUNTY	199009 IA	AUDUBON COUNTY
199011 IA	BENTON COUNTY	199013 IA	BLACK HAWK COUNTY	199015 IA	BOONE COUNTY
199017 IA	BREMER COUNTY	199019 IA	BUCHANAN COUNTY	199021 IA	BUENA VISTA COUNTY
199023 IA	BUTLER COUNTY	199025 IA	CALHOUN COUNTY	199027 IA	CARROLL COUNTY
199029 IA	CASS COUNTY	199031 IA	CEDAR COUNTY	199033 IA	CERRO GORDO
199035 IA	CHEROKEE COUNTY	199037 IA	CHICKASAW COUNTY	199039 IA	CLARKE COUNTY
199041 IA	CLAY COUNTY	199043 IA	CLAYTON COUNTY	199045 IA	CLINTON COUNTY
199047 IA	CRAWFORD COUNTY	199049 IA	DALLAS COUNTY	199051 IA	DAVIS COUNTY
199053 IA	DECATUR COUNTY	199055 IA	DELAWARE COUNTY	199057 IA	DES MOINES COUNTY
199059 IA	DICKINSON COUNTY	199061 IA	DUBUQUE COUNTY	199063 IA	EMMET COUNTY
199065 IA	FAYETTE COUNTY	199067 IA	FLOYD COUNTY	199069 IA	FRANKLIN COUNTY
199071 IA	FREMONT COUNTY	199073 IA	GREENE COUNTY	199075 IA	GRUNDY COUNTY
199077 IA	GUTHRIE COUNTY	199079 IA	HAMILTON COUNTY	199081 IA	HANCOCK COUNTY
199083 IA	HARDIN COUNTY	199085 IA	HARRISON COUNTY	199087 IA	HENRY COUNTY
199089 IA	HOWARD COUNTY	199091 IA	HUMBOLDT COUNTY	199093 IA	IDA COUNTY
199095 IA	IOWA COUNTY	199097 IA	JACKSON COUNTY	199099 IA	JASPER COUNTY
199101 IA	JEFFERSON COUNTY	199103 IA	JOHNSON COUNTY	199105 IA	JONES COUNTY
199107 IA	KEOKUK COUNTY	199109 IA	KOSSUTH COUNTY	199111 IA	LEE COUNTY
199113 IA	LINN COUNTY	199115 IA	LOUISA COUNTY	199117 IA	LUCAS COUNTY
199119 IA	LYON COUNTY	199121 IA	MADISON COUNTY	199123 IA	MAHASKA COUNTY
199125 IA	MARION COUNTY	199127 IA	MARSHALL COUNTY	199129 IA	MILLS COUNTY
199131 IA	MITCHELL COUNTY	199133 IA	MONONA COUNTY	199135 IA	MONROE COUNTY
199137 IA	MONTGOMERY	199139 IA	MUSCATINE COUNTY	199141 IA	O'BRIEN COUNTY
199143 IA	OSCEOLA COUNTY	199145 IA	PAGE COUNTY	199147 IA	PALO ALTO COUNTY
199149 IA	PLYMOUTH COUNTY	199151 IA	POCAHONTAS COUNTY	199153 IA	POLK COUNTY
199155 IA	POTTAWATTAMIE	199157 IA	POWESHIEK COUNTY	199159 IA	RINGGOLD COUNTY
199161 IA	SAC COUNTY	199163 IA	SCOTT COUNTY	199165 IA	SHELBY COUNTY
199167 IA	SIOUX COUNTY	199169 IA	STORY COUNTY	199171 IA	TAMA COUNTY
199173 IA	TAYLOR COUNTY	199175 IA	UNION COUNTY	199177 IA	VAN BUREN COUNTY
199179 IA	WAPELLO COUNTY	199181 IA	WARREN COUNTY	199183 IA	WASHINGTON COUNTY
199185 IA	WAYNE COUNTY	199187 IA	WEBSTER COUNTY	199189 IA	WINNEBAGO COUNTY
199191 IA	WINNESHIEK COUNTY	199193 IA	WOODBURY COUNTY	199195 IA	WORTH COUNTY
KANSAS					
201776 KS	KANSAS CITY	201908 KS	LEAVENWORTH	202688 KS	OVERLAND PARK
201902 KS	LAWRENCE	203696 KS	WICHITA	209001 KS	ALLEN COUNTY
203408 KS	TOPEKA	209005 KS	ATCHISON COUNTY	209007 KS	BARBER COUNTY
209003 KS	ANDERSON COUNTY	209011 KS	BOURBON COUNTY	209013 KS	BROWN COUNTY
209009 KS	BARTON COUNTY	209017 KS	CHASE COUNTY	209019 KS	CHAUTAUQUA
209015 KS	BUTLER COUNTY	209023 KS	CHEYENNE COUNTY	209025 KS	CLARK COUNTY
209021 KS	CHEROKEE COUNTY	209029 KS	CLOUD COUNTY	209031 KS	COFFEY COUNTY
209027 KS	CLAY COUNTY	209035 KS	COWLEY COUNTY	209037 KS	CRAWFORD COUNTY
209033 KS	COMANCHE COUNTY	209041 KS	DICKINSON COUNTY	209043 KS	DONIPHAN COUNTY
209039 KS	DECATUR COUNTY	209047 KS	EDWARDS COUNTY	209049 KS	ELK COUNTY
209045 KS	DOUGLAS COUNTY	209053 KS	ELLSWORTH COUNTY	209055 KS	FINNEY COUNTY
209051 KS	ELLIS COUNTY	209059 KS	FRANKLIN COUNTY	209061 KS	GEARY COUNTY
209057 KS	FORD COUNTY	209065 KS	GRAHAM COUNTY	209067 KS	GRANT COUNTY
209063 KS	GOVE COUNTY	209071 KS	GREELEY COUNTY	209073 KS	GREENWOOD COUNTY
209069 KS	GRAY COUNTY				

209075 KS	HAMILTON COUNTY	209077 KS	HARPER COUNTY	209079 KS	HARVEY COUNTY
209081 KS	HASKELL COUNTY	209083 KS	HODGEMAN COUNTY	209085 KS	JACKSON COUNTY
209087 KS	JEFFERSON COUNTY	209089 KS	JEWELL COUNTY	209091 KS	JOHNSON COUNTY
209093 KS	KEARNY COUNTY	209095 KS	KINGMAN COUNTY	209097 KS	KIOWA COUNTY
209099 KS	LABETTE COUNTY	209101 KS	LANE COUNTY	209103 KS	LEAVENWORTH
209105 KS	LINCOLN COUNTY	209107 KS	LINN COUNTY	209109 KS	LOGAN COUNTY
209111 KS	LYON COUNTY	209113 KS	MCPHERSON COUNTY	209115 KS	MARION COUNTY
209117 KS	MARSHALL COUNTY	209119 KS	MEADE COUNTY	209121 KS	MIAMI COUNTY
209123 KS	MITCHELL COUNTY	209125 KS	MONTGOMERY	209127 KS	MORRIS COUNTY
209129 KS	MORTON COUNTY	209131 KS	NEMAHA COUNTY	209133 KS	NEOSHO COUNTY
209135 KS	NESS COUNTY	209137 KS	NORTON COUNTY	209139 KS	OSAGE COUNTY
209141 KS	OSBORNE COUNTY	209143 KS	OTTAWA COUNTY	209145 KS	PAWNEE COUNTY
209147 KS	PHILLIPS COUNTY	209149 KS	POTTAWATOMIE	209151 KS	PRATT COUNTY
209153 KS	RAWLINS COUNTY	209155 KS	RENO COUNTY	209157 KS	REPUBLIC COUNTY
209159 KS	RICE COUNTY	209161 KS	RILEY COUNTY	209163 KS	ROOKS COUNTY
209165 KS	RUSH COUNTY	209167 KS	RUSSELL COUNTY	209169 KS	SALINE COUNTY
209171 KS	SCOTT COUNTY	209173 KS	SEDGWICK COUNTY	209175 KS	SEWARD COUNTY
209177 KS	SHAWNEE COUNTY	209179 KS	SHERIDAN COUNTY	209181 KS	SHERMAN COUNTY
209183 KS	SMITH COUNTY	209185 KS	STAFFORD COUNTY	209187 KS	STANTON COUNTY
209189 KS	STEVENS COUNTY	209191 KS	SUMNER COUNTY	209193 KS	THOMAS COUNTY
209195 KS	TREGO COUNTY	209197 KS	WABAUNSEE COUNTY	209199 KS	WALLACE COUNTY
209201 KS	WASHINGTON COUNTY	209203 KS	WICHITA COUNTY	209205 KS	WILSON COUNTY
209207 KS	WOODSON COUNTY	209209 KS	WYANDOTTE COUNTY		

KENTUCKY

210048 KY	ASHLAND	210534 KY	COVINGTON	211032 KY	HENDERSON
211086 KY	HOPKINSVILLE	211314 KY	LEXINGTON-FAYETTE	211374 KY	LOUISVILLE
211680 KY	OWENSBORO	219001 KY	ADAIR COUNTY	219003 KY	ALLEN COUNTY
219005 KY	ANDERSON COUNTY	219007 KY	BALLARD COUNTY	219009 KY	BARREN COUNTY
219011 KY	BATH COUNTY	219013 KY	BELL COUNTY	219015 KY	BOONE COUNTY
219017 KY	BOURBON COUNTY	219019 KY	BOYD COUNTY	219021 KY	BOYLE COUNTY
219023 KY	BRACKEN COUNTY	219025 KY	BREATHITT COUNTY	219027 KY	BRECKINRIDGE
219029 KY	BULLITT COUNTY	219031 KY	BUTLER COUNTY	219033 KY	CALDWELL COUNTY
219035 KY	CALLOWAY COUNTY	219037 KY	CAMPBELL COUNTY	219039 KY	CARLISLE COUNTY
219041 KY	CARROLL COUNTY	219043 KY	CARTER COUNTY	219045 KY	CASEY COUNTY
219047 KY	CHRISTIAN COUNTY	219049 KY	CLARK COUNTY	219051 KY	CLAY COUNTY
219053 KY	CLINTON COUNTY	219055 KY	CRITTENDEN COUNTY	219057 KY	CUMBERLAND
219059 KY	DAVISS COUNTY	219061 KY	EDMONSON COUNTY	219063 KY	ELLIOTT COUNTY
219065 KY	ESTILL COUNTY	219069 KY	FLEMING COUNTY	219071 KY	FLOYD COUNTY
219073 KY	FRANKLIN COUNTY	219075 KY	FULTON COUNTY	219077 KY	GALLATIN COUNTY
219079 KY	GARRARD COUNTY	219081 KY	GRANT COUNTY	219083 KY	GRAVES COUNTY
219085 KY	GRAYSON COUNTY	219087 KY	GREEN COUNTY	219089 KY	GREENUP COUNTY
219091 KY	HANCOCK COUNTY	219093 KY	HARDIN COUNTY	219095 KY	HARLAN COUNTY
219097 KY	HARRISON COUNTY	219099 KY	HART COUNTY	219101 KY	HENDERSON COUNTY
219103 KY	HENRY COUNTY	219105 KY	HICKMAN COUNTY	219107 KY	HOPKINS COUNTY
219109 KY	JACKSON COUNTY	219111 KY	JEFFERSON COUNTY	219113 KY	JESSAMINE COUNTY
219115 KY	JOHNSON COUNTY	219117 KY	KENTON COUNTY	219119 KY	KNOTT COUNTY
219121 KY	KNOX COUNTY	219123 KY	LARUE COUNTY	219125 KY	LAUREL COUNTY
219127 KY	LAWRENCE COUNTY	219129 KY	LEE COUNTY	219131 KY	LESLIE COUNTY
219133 KY	LETCHER COUNTY	219135 KY	LEWIS COUNTY	219137 KY	LINCOLN COUNTY
219139 KY	LIVINGSTON COUNTY	219141 KY	LOGAN COUNTY	219143 KY	LYON COUNTY
219145 KY	MCCRACKEN COUNTY	219147 KY	MCCREARY COUNTY	219149 KY	MCLEAN COUNTY
219151 KY	MADISON COUNTY	219153 KY	MAGOFFIN COUNTY	219155 KY	MARION COUNTY
219157 KY	MARSHALL COUNTY	219159 KY	MARTIN COUNTY	219161 KY	MASON COUNTY
219163 KY	MEADE COUNTY	219165 KY	MENEFEE COUNTY	219167 KY	MERCER COUNTY
219169 KY	METCALFE COUNTY	219171 KY	MONROE COUNTY	219173 KY	MONTGOMERY

219175 KY	MORGAN COUNTY	219177 KY	MUHLENBERG	219179 KY	NELSON COUNTY
219181 KY	NICHOLAS COUNTY	219183 KY	OHIO COUNTY	219185 KY	OLDHAM COUNTY
219187 KY	OWEN COUNTY	219189 KY	OWSLEY COUNTY	219191 KY	PENDLETON COUNTY
219193 KY	PERRY COUNTY	219195 KY	PIKE COUNTY	219197 KY	POWELL COUNTY
219199 KY	PULASKI COUNTY	219201 KY	ROBERTSON COUNTY	219203 KY	ROCKCASTLE COUNTY
219205 KY	ROWAN COUNTY	219207 KY	RUSSELL COUNTY	219209 KY	SCOTT COUNTY
219211 KY	SHELBY COUNTY	219213 KY	SIMPSON COUNTY	219215 KY	SPENCER COUNTY
219217 KY	TAYLOR COUNTY	219219 KY	TODD COUNTY	219221 KY	TRIGG COUNTY
219223 KY	TRIMBLE COUNTY	219225 KY	UNION COUNTY	219227 KY	WARREN COUNTY
219229 KY	WASHINGTON COUNTY	219231 KY	WAYNE COUNTY	219233 KY	WEBSTER COUNTY
219235 KY	WHITLEY COUNTY	219237 KY	WOLFE COUNTY	219239 KY	WOODFORD COUNTY
LOUISIANA					
220030 LA	ALEXANDRIA	220126 LA	BATON ROUGE	220924 LA	KENNER
220192 LA	BOSSIER CITY	220828 LA	HOUMA-TERREBONNE	221206 LA	MONROE
220954 LA	LAFAYETTE-LAFAYET	220978 LA	LAKE CHARLES	221698 LA	SLIDELL
221296 LA	NEW ORLEANS	221650 LA	SHREVEPORT	229003 LA	ALLEN PARISH
221794 LA	THIBODAUX	229001 LA	ACADIA PARISH	229009 LA	AVOYELLES PARISH
229005 LA	ASCENSION PARISH	229007 LA	ASSUMPTION PARISH	229015 LA	BOSSIER PARISH
229011 LA	BEAUREGARD PARISH	229013 LA	BIENVILLE PARISH	229021 LA	CALDWELL PARISH
229017 LA	CADDO PARISH	229019 LA	CALCASIEU PARISH	229027 LA	CLAIBORNE PARISH
229023 LA	CAMERON PARISH	229025 LA	CATAHOULA PARISH	229027 LA	CLAIBORNE PARISH
229029 LA	CONCORDIA PARISH	229031 LA	DE SOTO PARISH	229035 LA	EAST CARROLL PARISH
229037 LA	EAST FELICIANA	229039 LA	EVANGELINE PARISH	229041 LA	FRANKLIN PARISH
229043 LA	GRANT PARISH	229045 LA	IBERIA PARISH	229047 LA	IBERVILLE PARISH
229049 LA	JACKSON PARISH	229051 LA	JEFFERSON PARISH	229053 LA	JEFFERSON DAVIS
229057 LA	LAFOURCHE PARISH	229059 LA	LA SALLE PARISH	229061 LA	LINCOLN PARISH
229063 LA	LIVINGSTON PARISH	229065 LA	MADISON PARISH	229067 LA	MOREHOUSE PARISH
229069 LA	NATCHITOCHE	229073 LA	OUACHITA PARISH	229075 LA	PLAQUEMINES PARISH
229077 LA	POINTE COUPEE	229079 LA	RAPIDES PARISH	229081 LA	RED RIVER PARISH
229083 LA	RICHLAND PARISH	229085 LA	SABINE PARISH	229087 LA	ST. BERNARD PARISH
229089 LA	ST. CHARLES PARISH	229091 LA	ST. HELENA PARISH	229093 LA	ST. JAMES PARISH
229095 LA	ST. JOHN THE BAPTIST	229097 LA	ST. LANDRY PARISH	229099 LA	ST. MARTIN PARISH
229101 LA	ST. MARY PARISH	229103 LA	ST. TAMMANY PARISH	229105 LA	TANGIPAHOA PARISH
229107 LA	TENSAS PARISH	229111 LA	UNION PARISH	229113 LA	VERMILION PARISH
229115 LA	VERNON PARISH	229117 LA	WASHINGTON PARISH	229119 LA	WEBSTER PARISH
229121 LA	WEST BATON ROUGE	229123 LA	WEST CARROLL	229125 LA	WEST FELICIANA
229127 LA	WINN PARISH				
MAINE					
230120 ME	AUBURN	231602 ME	LEWISTON	232484 ME	PORTLAND
230162 ME	BANGOR	239003 ME	AROOSTOOK COUNTY	239005 ME	CUMBERLAND
239001 ME	ANDROSCOGGIN	239009 ME	HANCOCK COUNTY	239011 ME	KENNEBEC COUNTY
239007 ME	FRANKLIN COUNTY	239015 ME	LINCOLN COUNTY	239017 ME	OXFORD COUNTY
239013 ME	KNOX COUNTY	239021 ME	PISCATAQUIS COUNTY	239023 ME	SAGADAHOC COUNTY
239019 ME	PENOBSCOT COUNTY	239027 ME	WALDO COUNTY	239029 ME	WASHINGTON COUNTY
239025 ME	SOMERSET COUNTY				
239031 ME	YORK COUNTY				
MARYLAND					
240036 MD	ANNAPOLIS	240156 MD	BOWIE CITY	240378 MD	CUMBERLAND
240066 MD	BALTIMORE	240582 MD	GAITHERSBURG	240660 MD	HAGERSTOWN
240552 MD	FREDERICK	249003 MD	ANNE ARUNDEL	249005 MD	BALTIMORE COUNTY
249001 MD	ALLEGANY COUNTY	249011 MD	CAROLINE COUNTY	249013 MD	CARROLL COUNTY
249009 MD	CALVERT COUNTY	249017 MD	CHARLES COUNTY	249019 MD	DORCHESTER COUNTY
249015 MD	CECIL COUNTY	249023 MD	GARRETT COUNTY	249025 MD	HARFORD COUNTY
249021 MD	FREDERICK COUNTY	249029 MD	KENT COUNTY	249031 MD	MONTGOMERY
249027 MD	HOWARD COUNTY	249035 MD	QUEEN ANNE'S	249037 MD	ST. MARY'S COUNTY
249033 MD	PRINCE GEORGES	249041 MD	TALBOT COUNTY	249043 MD	WASHINGTON COUNTY
249039 MD	SOMERSET COUNTY	249047 MD	WORCESTER COUNTY		
249045 MD	WICOMICO COUNTY				

MASSACHUSETTS

250078 MA	ARLINGTON	250126 MA	ATTLEBORO	250168 MA	BARNSTABLE
250282 MA	BOSTON	250354 MA	BROCKTON	250372 MA	BROOKLINE
250396 MA	CAMBRIDGE	250486 MA	CHICOPEE	250744 MA	FALL RIVER
250774 MA	FITCHBURG	250804 MA	FRAMINGHAM	250858 MA	GLOUCESTER
251020 MA	HAVERHILL	251074 MA	HOLYOKE	251194 MA	LAWRENCE
251236 MA	LEOMINSTER	251284 MA	LOWELL	251302 MA	LYNN
251314 MA	MALDEN	251410 MA	MEDFORD	251614 MA	NEW BEDFORD
251650 MA	NEWTON	251674 MA	NORTHAMPTON	251938 MA	PITTSFIELD
251962 MA	PLYMOUTH	251992 MA	QUINCY	252118 MA	SALEM
252250 MA	SOMERVILLE	252340 MA	SPRINGFIELD	252418 MA	TAUNTON
252544 MA	WALTHAM	252700 MA	WESTFIELD	252784 MA	WEYMOUTH
252880 MA	WORCESTER	252904 MA	YARMOUTH	259001 MA	BARNSTABLE COUNTY
259003 MA	BERKSHIRE COUNTY	259005 MA	BRISTOL COUNTY	259007 MA	DUKES COUNTY
259009 MA	ESSEX COUNTY	259011 MA	FRANKLIN COUNTY	259013 MA	HAMPDEN COUNTY
259015 MA	HAMPSHIRE COUNTY	259017 MA	MIDDLESEX COUNTY	259019 MA	NANTUCKET COUNTY
259021 MA	NORFOLK COUNTY	259023 MA	PLYMOUTH COUNTY	259025 MA	SUFFOLK COUNTY
259027 MA	WORCESTER COUNTY				

MICHIGAN

260192 MI	ANN ARBOR	260444 MI	BAY CITY	260570 MI	BENTON HARBOR
260432 MI	BATTLE CREEK	261410 MI	CLINTON TWP	261638 MI	DEARBORN
261074 MI	CANTON TWP	261698 MI	DETROIT	261848 MI	EAST LANSING
261644 MI	DEARBORN HEIGHTS	262172 MI	FLINT	262544 MI	GRAND RAPIDS
262096 MI	FARMINGTON HILLS	263174 MI	JACKSON	263222 MI	KALAMAZOO
262940 MI	HOLLAND	263588 MI	LINCOLN PARK	263648 MI	LIVONIA
263456 MI	LANSING	264296 MI	MUSKEGON	264302 MI	MUSKEGON HTS
264086 MI	MIDLAND	264962 MI	PONTIAC	264974 MI	PORTAGE
264452 MI	NORTON SHORES	265148 MI	REDFORD	265215 MI	ROCHESTER HILLS
265010 MI	PORT HURON	265304 MI	ROYAL OAK	265340 MI	SAGINAW
265286 MI	ROSEVILLE	265664 MI	SOUTHFIELD	265814 MI	STERLING HEIGHTS
265370 MI	ST CLAIR SHORES	266036 MI	TROY CITY	266252 MI	WARREN
265934 MI	TAYLOR	266378 MI	WESTLAND	266624 MI	WYOMING
266267 MI	WATERFORD	269003 MI	ALGER COUNTY	269005 MI	ALLEGAN COUNTY
269001 MI	ALCONA COUNTY	269009 MI	ANTRIM COUNTY	269011 MI	ARENAC COUNTY
269007 MI	ALPENA COUNTY	269015 MI	BARRY COUNTY	269017 MI	BAY COUNTY
269013 MI	BARAGA COUNTY	269021 MI	BERRIEN COUNTY	269023 MI	BRANCH COUNTY
269019 MI	BENZIE COUNTY	269027 MI	CASS COUNTY	269029 MI	CHARLEVOIX COUNTY
269025 MI	CALHOUN COUNTY	269033 MI	CHIPPEWA COUNTY	269035 MI	CLARE COUNTY
269031 MI	CHEBOYGAN COUNTY	269039 MI	CRAWFORD COUNTY	269041 MI	DELTA COUNTY
269037 MI	CLINTON COUNTY	269045 MI	EATON COUNTY	269047 MI	EMMET COUNTY
269043 MI	DICKINSON COUNTY	269051 MI	GLADWIN COUNTY	269053 MI	GOGEBIC COUNTY
269049 MI	GENESEE COUNTY	269057 MI	GRATIOT COUNTY	269059 MI	HILLSDALE COUNTY
269055 MI	GRAND TRAVERSE	269063 MI	HURON COUNTY	269065 MI	INGHAM COUNTY
269061 MI	HOUGHTON COUNTY	269069 MI	IOSCO COUNTY	269071 MI	IRON COUNTY
269067 MI	IONIA COUNTY	269075 MI	JACKSON COUNTY	269077 MI	KALAMAZOO COUNTY
269073 MI	ISABELLA COUNTY	269081 MI	KENT COUNTY	269083 MI	KEWEENAW COUNTY
269079 MI	KALKASKA COUNTY	269087 MI	LAPEER COUNTY	269089 MI	LEELANAU COUNTY
269085 MI	LAKE COUNTY	269093 MI	LIVINGSTON COUNTY	269095 MI	LUCE COUNTY
269091 MI	LENAWEE COUNTY	269099 MI	MACOMB COUNTY	269101 MI	MANISTEE COUNTY
269097 MI	MACKINAC COUNTY	269105 MI	MASON COUNTY	269107 MI	MECOSTA COUNTY
269103 MI	MARQUETTE COUNTY	269111 MI	MIDLAND COUNTY	269113 MI	MISSAUKEE COUNTY
269109 MI	MENOMINEE COUNTY	269117 MI	MONTCALM COUNTY	269119 MI	MONTMORENCY
269115 MI	MONROE COUNTY	269123 MI	NEWAYGO COUNTY	269125 MI	OAKLAND COUNTY
269121 MI	MUSKEGON COUNTY	269129 MI	OGEMAW COUNTY	269131 MI	ONTONAGON COUNTY
269127 MI	OCEANA COUNTY	269135 MI	OSCODA COUNTY	269137 MI	OTSEGO COUNTY
269133 MI	OSCEOLA COUNTY	269141 MI	PRESQUE ISLE COUNTY	269143 MI	ROSCOMMON COUNTY
269139 MI	OTTAWA COUNTY	269147 MI	ST. CLAIR COUNTY	269149 MI	ST. JOSEPH COUNTY
269145 MI	SAGINAW COUNTY				

269151 MI	SANILAC COUNTY	269153 MI	SCHOOLCRAFT	269155 MI	SHIAWASSEE COUNTY
269157 MI	TUSCOLA COUNTY	269159 MI	VAN BUREN COUNTY	269161 MI	WASHTENAW COUNTY
269163 MI	WAYNE COUNTY	269165 MI	WEXFORD COUNTY		

MINNESOTA

270456 MN	BLOOMINGTON	270996 MN	COON RAPIDS	271266 MN	DULUTH
273120 MN	MINNEAPOLIS	273198 MN	MOORHEAD	273768 MN	PLYMOUTH
273930 MN	ROCHESTER	274104 MN	ST CLOUD	274164 MN	ST PAUL
279001 MN	AITKIN COUNTY	279003 MN	ANOKA COUNTY	279005 MN	BECKER COUNTY
279007 MN	BELTRAMI COUNTY	279009 MN	BENTON COUNTY	279011 MN	BIG STONE COUNTY
279013 MN	BLUE EARTH COUNTY	279015 MN	BROWN COUNTY	279017 MN	CARLTON COUNTY
279019 MN	CARVER COUNTY	279021 MN	CASS COUNTY	279023 MN	CHIPPEWA COUNTY
279025 MN	CHISAGO COUNTY	279027 MN	CLAY COUNTY	279029 MN	CLEARWATER
279031 MN	COOK COUNTY	279033 MN	COTTONWOOD	279035 MN	CROW WING COUNTY
279037 MN	DAKOTA COUNTY	279039 MN	DODGE COUNTY	279041 MN	DOUGLAS COUNTY
279043 MN	FARIBAULT COUNTY	279045 MN	FILLMORE COUNTY	279047 MN	FREEBORN COUNTY
279049 MN	GOODHUE COUNTY	279051 MN	GRANT COUNTY	279053 MN	HENNEPIN COUNTY
279055 MN	HOUSTON COUNTY	279057 MN	HUBBARD COUNTY	279059 MN	ISANTI COUNTY
279061 MN	ITASCA COUNTY	279063 MN	JACKSON COUNTY	279065 MN	KANABEC COUNTY
279067 MN	KANDIYOHI COUNTY	279069 MN	KITTSOON COUNTY	279071 MN	KOOCHICHING
279073 MN	LAC QUI PARLE	279075 MN	LAKE COUNTY	279077 MN	LAKE OF THE WOODS
279079 MN	LE SUEUR COUNTY	279081 MN	LINCOLN COUNTY	279083 MN	LYON COUNTY
279085 MN	MCLEOD COUNTY	279087 MN	MAHNOMEN COUNTY	279089 MN	MARSHALL COUNTY
279091 MN	MARTIN COUNTY	279093 MN	MEEKER COUNTY	279095 MN	MILLE LACS COUNTY
279097 MN	MORRISON COUNTY	279099 MN	MOWER COUNTY	279101 MN	MURRAY COUNTY
279103 MN	NICOLLET COUNTY	279105 MN	NOBLES COUNTY	279107 MN	NORMAN COUNTY
279109 MN	OLMSTED COUNTY	279111 MN	OTTER TAIL COUNTY	279113 MN	PENNINGTON COUNTY
279115 MN	PINE COUNTY	279117 MN	PIPESTONE COUNTY	279119 MN	POLK COUNTY
279121 MN	POPE COUNTY	279123 MN	RAMSEY COUNTY	279125 MN	RED LAKE COUNTY
279127 MN	REDWOOD COUNTY	279129 MN	RENVILLE COUNTY	279131 MN	RICE COUNTY
279133 MN	ROCK COUNTY	279135 MN	ROSEAU COUNTY	279137 MN	ST LOUIS COUNTY
279139 MN	SCOTT COUNTY	279141 MN	SHERBURNE COUNTY	279143 MN	SIBLEY COUNTY
279145 MN	STEARNS COUNTY	279147 MN	STEELE COUNTY	279149 MN	STEVENS COUNTY
279151 MN	SWIFT COUNTY	279153 MN	TODD COUNTY	279155 MN	TRAVERSE COUNTY
279157 MN	WABASHA COUNTY	279159 MN	WADENA COUNTY	279161 MN	WASECA COUNTY
279163 MN	WASHINGTON COUNTY	279163 MN	WASHINGTON COUNTY	279165 MN	WATONWAN COUNTY
279167 MN	WILKIN COUNTY	279169 MN	WINONA COUNTY	279171 MN	WRIGHT COUNTY
279173 MN	YELLOW MEDICINE				

MISSISSIPPI

280132 MS	BILOXI	280630 MS	HATTIESBURG	280726 MS	JACKSON
280612 MS	GULFPORT	281134 MS	PASCAGOULA	289001 MS	ADAMS COUNTY
281002 MS	MOSS POINT	289005 MS	AMITE COUNTY	289007 MS	ATTALA COUNTY
289003 MS	ALCORN COUNTY	289011 MS	BOLIVAR COUNTY	289013 MS	CALHOUN COUNTY
289009 MS	BENTON COUNTY	289017 MS	CHICKASAW COUNTY	289019 MS	CHOCTAW COUNTY
289015 MS	CARROLL COUNTY	289023 MS	CLARKE COUNTY	289025 MS	CLAY COUNTY
289021 MS	CLAIBORNE COUNTY	289029 MS	COPIAH COUNTY	289031 MS	COVINGTON COUNTY
289033 MS	DESOTO COUNTY	289035 MS	FORREST COUNTY	289037 MS	FRANKLIN COUNTY
289039 MS	GEORGE COUNTY	289041 MS	GREENE COUNTY	289043 MS	GRENADA COUNTY
289045 MS	HANCOCK COUNTY	289047 MS	HARRISON COUNTY	289049 MS	HINDS COUNTY
289051 MS	HOLMES COUNTY	289053 MS	HUMPHREYS COUNTY	289055 MS	ISSAQUENA COUNTY
289057 MS	ITAWAMBA COUNTY	289059 MS	JACKSON COUNTY	289061 MS	JASPER COUNTY
289063 MS	JEFFERSON COUNTY	289065 MS	JEFFERSON DAVIS	289067 MS	JONES COUNTY
289069 MS	KEMPER COUNTY	289071 MS	LAFAYETTE COUNTY	289073 MS	LAMAR COUNTY
289075 MS	LAUDERDALE COUNTY	289077 MS	LAWRENCE COUNTY	289079 MS	LEAKE COUNTY
289081 MS	LEE COUNTY	289083 MS	LEFLORE COUNTY	289085 MS	LINCOLN COUNTY
289087 MS	LOWNDES COUNTY	289089 MS	MADISON COUNTY	289091 MS	MARION COUNTY
289093 MS	MARSHALL COUNTY	289095 MS	MONROE COUNTY	289097 MS	MONTGOMERY

289099 MS	NESHOBA COUNTY	289101 MS	NEWTON COUNTY	289103 MS	NOXUBEE COUNTY
289105 MS	OKTIBBEHA COUNTY	289107 MS	PANOLA COUNTY	289109 MS	PEARL RIVER COUNTY
289111 MS	PERRY COUNTY	289113 MS	PIKE COUNTY	289115 MS	PONTOTOC COUNTY
289117 MS	PRENTISS COUNTY	289119 MS	QUITMAN COUNTY	289121 MS	RANKIN COUNTY
289123 MS	SCOTT COUNTY	289125 MS	SHARKEY COUNTY	289127 MS	SIMPSON COUNTY
289129 MS	SMITH COUNTY	289131 MS	STONE COUNTY	289133 MS	SUNFLOWER COUNTY
289135 MS	TALLAHATCHIE	289137 MS	TATE COUNTY	289139 MS	TIPPAH COUNTY
289141 MS	TISHOMINGO COUNTY	289143 MS	TUNICA COUNTY	289145 MS	UNION COUNTY
289147 MS	WALTHALL COUNTY	289149 MS	WARREN COUNTY	289151 MS	WASHINGTON COUNTY
289153 MS	WAYNE COUNTY	289155 MS	WEBSTER COUNTY	289157 MS	WILKINSON COUNTY
289159 MS	WINSTON COUNTY	289161 MS	YALOBUSHA COUNTY	289163 MS	YAZOO COUNTY

MISSOURI

291152 MO	COLUMBIA	291806 MO	FLORISSANT	292670 MO	KANSAS CITY
292562 MO	INDEPENDENCE	292652 MO	JOPLIN	294614 MO	ST JOSEPH
292958 MO	LEES SUMMIT	294578 MO	ST CHARLES	294884 MO	SPRINGFIELD
294626 MO	ST LOUIS	294638 MO	ST PETERS CITY	299005 MO	ATCHISON COUNTY
299001 MO	ADAIR COUNTY	299003 MO	ANDREW COUNTY	299011 MO	BARTON COUNTY
299007 MO	AUDRAIN COUNTY	299009 MO	BARRY COUNTY	299017 MO	BOLLINGER COUNTY
299013 MO	BATES COUNTY	299015 MO	BENTON COUNTY	299023 MO	BUTLER COUNTY
299019 MO	BOONE COUNTY	299021 MO	BUCHANAN COUNTY	299029 MO	CAMDEN COUNTY
299025 MO	CALDWELL COUNTY	299027 MO	CALLAWAY COUNTY	299035 MO	CARTER COUNTY
299031 MO	CAPE GIRARDEAU	299033 MO	CARROLL COUNTY	299041 MO	CHARITON COUNTY
299037 MO	CASS COUNTY	299039 MO	CEDAR COUNTY	299047 MO	CLAY COUNTY
299043 MO	CHRISTIAN COUNTY	299045 MO	CLARK COUNTY	299053 MO	COOPER COUNTY
299049 MO	CLINTON COUNTY	299051 MO	COLE COUNTY	299059 MO	DALLAS COUNTY
299055 MO	CRAWFORD COUNTY	299057 MO	DADE COUNTY	299065 MO	DENT COUNTY
299061 MO	DAVISS COUNTY	299063 MO	DEKALB COUNTY	299071 MO	FRANKLIN COUNTY
299067 MO	DOUGLAS COUNTY	299069 MO	DUNKLIN COUNTY	299077 MO	GREENE COUNTY
299073 MO	GASCONADE COUNTY	299075 MO	GENTRY COUNTY	299083 MO	HENRY COUNTY
299079 MO	GRUNDY COUNTY	299081 MO	HARRISON COUNTY	299089 MO	HOWARD COUNTY
299085 MO	HICKORY COUNTY	299087 MO	HOLT COUNTY	299095 MO	JACKSON COUNTY
299091 MO	HOWELL COUNTY	299093 MO	IRON COUNTY	299101 MO	JOHNSON COUNTY
299097 MO	JASPER COUNTY	299099 MO	JEFFERSON COUNTY	299107 MO	LAFAYETTE COUNTY
299103 MO	KNOX COUNTY	299105 MO	LACLEDE COUNTY	299113 MO	LINCOLN COUNTY
299109 MO	LAWRENCE COUNTY	299111 MO	LEWIS COUNTY	299119 MO	MCDONALD COUNTY
299115 MO	LINN COUNTY	299117 MO	LIVINGSTON COUNTY	299125 MO	MARIES COUNTY
299121 MO	MACON COUNTY	299123 MO	MADISON COUNTY	299131 MO	MILLER COUNTY
299127 MO	MARION COUNTY	299129 MO	MERCER COUNTY	299137 MO	MONROE COUNTY
299133 MO	MISSISSIPPI COUNTY	299135 MO	MONITEAU COUNTY	299143 MO	NEW MADRID COUNTY
299139 MO	MONTGOMERY	299141 MO	MORGAN COUNTY	299149 MO	OREGON COUNTY
299145 MO	NEWTON COUNTY	299147 MO	NODAWAY COUNTY	299155 MO	PEMISCOT COUNTY
299151 MO	OSAGE COUNTY	299153 MO	OZARK COUNTY	299161 MO	HELPS COUNTY
299157 MO	PERRY COUNTY	299159 MO	PETTIS COUNTY	299167 MO	POLK COUNTY
299163 MO	PIKE COUNTY	299165 MO	PLATTE COUNTY	299173 MO	RALLS COUNTY
299169 MO	PULASKI COUNTY	299171 MO	PUTNAM COUNTY	299179 MO	REYNOLDS COUNTY
299175 MO	RANDOLPH COUNTY	299177 MO	RAY COUNTY	299185 MO	ST. CLAIR COUNTY
299181 MO	RIPLEY COUNTY	299183 MO	ST. CHARLES COUNTY	299189 MO	ST LOUIS COUNTY
299186 MO	STE. GENEVIEVE	299187 MO	ST. FRANCOIS COUNTY	299199 MO	SCOTLAND COUNTY
299195 MO	SALINE COUNTY	299197 MO	SCHUYLER COUNTY	299205 MO	SHELBY COUNTY
299201 MO	SCOTT COUNTY	299203 MO	SHANNON COUNTY	299211 MO	SULLIVAN COUNTY
299207 MO	STODDARD COUNTY	299209 MO	STONE COUNTY	299217 MO	VERNON COUNTY
299213 MO	TANEY COUNTY	299215 MO	TEXAS COUNTY	299223 MO	WAYNE COUNTY
299219 MO	WARREN COUNTY	299221 MO	WASHINGTON COUNTY	299229 MO	WRIGHT COUNTY
299225 MO	WEBSTER COUNTY	299227 MO	WORTH COUNTY		

MONTANA

300066 MT	BILLINGS	300342 MT	GREAT FALLS	309003 MT	BIG HORN COUNTY
300540 MT	MISSOULA	309001 MT	BEAVERHEAD COUNTY	309009 MT	CARBON COUNTY
309005 MT	BLAINE COUNTY	309007 MT	BROADWATER	309015 MT	CHOUTEAU COUNTY
309011 MT	CARTER COUNTY	309013 MT	CASCADE COUNTY	309021 MT	DAWSON COUNTY
309017 MT	CUSTER COUNTY	309019 MT	DANIELS COUNTY		

309023 MT	DEER LODGE COUNTY	309025 MT	FALLON COUNTY	309027 MT	FERGUS COUNTY
309029 MT	FLATHEAD COUNTY	309031 MT	GALLATIN COUNTY	309033 MT	GARFIELD COUNTY
309035 MT	GLACIER COUNTY	309037 MT	GOLDEN VALLEY	309039 MT	GRANITE COUNTY
309041 MT	HILL COUNTY	309043 MT	JEFFERSON COUNTY	309045 MT	JUDITH BASIN COUNTY
309047 MT	LAKE COUNTY	309049 MT	LEWIS AND CLARK	309051 MT	LIBERTY COUNTY
309053 MT	LINCOLN COUNTY	309055 MT	MCCONE COUNTY	309057 MT	MADISON COUNTY
309059 MT	MEAGHER COUNTY	309061 MT	MINERAL COUNTY	309063 MT	MISSOULA COUNTY
309065 MT	MUSSELSHELL	309067 MT	PARK COUNTY	309069 MT	PETROLEUM COUNTY
309071 MT	PHILLIPS COUNTY	309073 MT	PONDERA COUNTY	309075 MT	POWDER RIVER
309077 MT	POWELL COUNTY	309079 MT	PRAIRIE COUNTY	309081 MT	RAVALLI COUNTY
309083 MT	RICHLAND COUNTY	309085 MT	ROOSEVELT COUNTY	309087 MT	ROSEBUD COUNTY
309089 MT	SANDERS COUNTY	309091 MT	SHERIDAN COUNTY	309093 MT	SILVER BOW COUNTY
309095 MT	STILLWATER COUNTY	309097 MT	SWEET GRASS COUNTY	309099 MT	TETON COUNTY
309101 MT	TOOLE COUNTY	309103 MT	TREASURE COUNTY	309105 MT	VALLEY COUNTY
309107 MT	WHEATLAND COUNTY	309109 MT	WIBAUX COUNTY	309111 MT	YELLOWSTONE

NEBRASKA

311710 NE	LINCOLN	312208 NE	OMAHA	319005 NE	ARTHUR COUNTY
319001 NE	ADAMS COUNTY	319003 NE	ANTELOPE COUNTY	319011 NE	BOONE COUNTY
319007 NE	BANNER COUNTY	319009 NE	BLAINE COUNTY	319017 NE	BROWN COUNTY
319013 NE	BOX BUTTE COUNTY	319015 NE	BOYD COUNTY	319023 NE	BUTLER COUNTY
319019 NE	BUFFALO COUNTY	319021 NE	BURT COUNTY	319029 NE	CHASE COUNTY
319025 NE	CASS COUNTY	319027 NE	CEDAR COUNTY	319035 NE	CLAY COUNTY
319031 NE	CHERRY COUNTY	319033 NE	CHEYENNE COUNTY	319041 NE	CUSTER COUNTY
319037 NE	COLFAX COUNTY	319039 NE	CUMING COUNTY	319047 NE	DAWSON COUNTY
319043 NE	DAKOTA COUNTY	319045 NE	DAWES COUNTY	319053 NE	DODGE COUNTY
319049 NE	DEUEL COUNTY	319051 NE	DIXON COUNTY	319059 NE	FILLMORE COUNTY
319055 NE	DOUGLAS COUNTY	319057 NE	DUNDY COUNTY	319065 NE	FURNAS COUNTY
319061 NE	FRANKLIN COUNTY	319063 NE	FRONTIER COUNTY	319071 NE	GARFIELD COUNTY
319067 NE	GAGE COUNTY	319069 NE	GARDEN COUNTY	319077 NE	GREELEY COUNTY
319073 NE	GOSPER COUNTY	319075 NE	GRANT COUNTY	319083 NE	HARLAN COUNTY
319079 NE	HALL COUNTY	319081 NE	HAMILTON COUNTY	319089 NE	HOLT COUNTY
319085 NE	HAYES COUNTY	319087 NE	HITCHCOCK COUNTY	319095 NE	JEFFERSON COUNTY
319091 NE	HOOKER COUNTY	319093 NE	HOWARD COUNTY	319101 NE	KEITH COUNTY
319097 NE	JOHNSON COUNTY	319099 NE	KEARNEY COUNTY	319107 NE	KNOX COUNTY
319103 NE	KEYA PAHA COUNTY	319105 NE	KIMBALL COUNTY	319113 NE	LOGAN COUNTY
319109 NE	LANCASTER COUNTY	319111 NE	LINCOLN COUNTY	319119 NE	MADISON COUNTY
319115 NE	LOUP COUNTY	319117 NE	MCPHERSON COUNTY	319125 NE	NANCE COUNTY
319121 NE	MERRICK COUNTY	319123 NE	MORRILL COUNTY	319131 NE	OTOE COUNTY
319127 NE	NEMAHA COUNTY	319129 NE	NUCKOLLS COUNTY	319137 NE	PHELPS COUNTY
319133 NE	PAWNEE COUNTY	319135 NE	PERKINS COUNTY	319143 NE	POLK COUNTY
319139 NE	PIERCE COUNTY	319141 NE	PLATTE COUNTY	319149 NE	ROCK COUNTY
319145 NE	RED WILLOW COUNTY	319147 NE	RICHARDSON COUNTY	319155 NE	SAUNDERS COUNTY
319151 NE	SALINE COUNTY	319153 NE	SARPY COUNTY	319161 NE	SHERIDAN COUNTY
319157 NE	SCOTTS BLUFF	319159 NE	SEWARD COUNTY	319167 NE	STANTON COUNTY
319163 NE	SHERMAN COUNTY	319165 NE	SIOUX COUNTY	319173 NE	THURSTON COUNTY
319169 NE	THAYER COUNTY	319171 NE	THOMAS COUNTY	319179 NE	WAYNE COUNTY
319175 NE	VALLEY COUNTY	319177 NE	WASHINGTON COUNTY	319185 NE	YORK COUNTY
319181 NE	WEBSTER COUNTY	319183 NE	WHEELER COUNTY		

NEVADA

320096 NV	HENDERSON	320108 NV	LAS VEGAS	320156 NV	SPARKS
320138 NV	NORTH LAS VEGAS	320150 NV	RENO	329005 NV	DOUGLAS COUNTY
329001 NV	CHURCHILL COUNTY	329003 NV	CLARK COUNTY	329011 NV	EUREKA COUNTY
329007 NV	ELKO COUNTY	329009 NV	ESMERALDA COUNTY	329017 NV	LINCOLN COUNTY
329013 NV	HUMBOLDT COUNTY	329015 NV	LANDER COUNTY	329023 NV	NYE COUNTY
329019 NV	LYON COUNTY	329021 NV	MINERAL COUNTY	329031 NV	WASHOE COUNTY
329027 NV	PERSHING COUNTY	329029 NV	STOREY COUNTY		
329033 NV	WHITE PINE COUNTY	329510 NV	CARSON CITY		

NEW HAMPSHIRE

330378 NH DOVER	330930 NH MANCHESTER	331026 NH NASHUA
331254 NH PORTSMOUTH	331284 NH ROCHESTER	339001 NH BELKNAP COUNTY
339003 NH CARROLL COUNTY	339005 NH CHESHIRE COUNTY	339007 NH COOS COUNTY
339009 NH GRAFTON COUNTY	339011 NH HILLSBOROUGH	339013 NH MERRIMACK COUNTY
339015 NH ROCKINGHAM COUNTY	339017 NH STRAFFORD COUNTY	339019 NH SULLIVAN COUNTY

NEW JERSEY

340072 NJ ASBURY PARK	340078 NJ ATLANTIC CITY	340318 NJ BRICK TOWNSHIP
340138 NJ BAYONNE	340246 NJ BLOOMFIELD	340474 NJ CHERRY HILL
340324 NJ BRIDGETON	340414 NJ CAMDEN	340732 NJ EAST ORANGE
340540 NJ CLIFTON	340672 NJ DOVER TOWNSHIP	341008 NJ FRANKLIN TOWNSHIP
340780 NJ EDISON	340798 NJ ELIZABETH	341434 NJ IRVINGTON
341110 NJ GLOUCESTER TWP	341206 NJ HAMILTON	341716 NJ LONG BRANCH
341464 NJ JERSEY CITY	341566 NJ LAKEWOOD	342190 NJ NEWARK
341974 NJ MIDDLETOWN	342016 NJ MILLVILLE	342378 NJ OLD BRIDGE
342196 NJ NEW BRUNSWICK	342250 NJ NORTH BERGEN	342466 NJ PATERSON
342448 NJ PARSIPPANY-TROYHIL	342454 NJ PASSAIC	343216 NJ TRENTON
342532 NJ PERTH AMBOY	342886 NJ SAYREVILLE	343330 NJ VINELAND
343234 NJ UNION CITY	343252 NJ UNION	349001 NJ ATLANTIC COUNTY
343438 NJ WAYNE TOWNSHIP	343624 NJ WOODBRIDGE	349007 NJ CAMDEN COUNTY
349003 NJ BERGEN COUNTY	349005 NJ BURLINGTON COUNTY	349013 NJ ESSEX COUNTY
349009 NJ CAPE MAY COUNTY	349011 NJ CUMBERLAND	349019 NJ HUNTERDON COUNTY
349015 NJ GLOUCESTER COUNTY	349017 NJ HUDSON COUNTY	349025 NJ MONMOUTH COUNTY
349021 NJ MERCER COUNTY	349023 NJ MIDDLESEX COUNTY	349031 NJ PASSAIC COUNTY
349027 NJ MORRIS COUNTY	349029 NJ OCEAN COUNTY	349037 NJ SUSSEX COUNTY
349033 NJ SALEM COUNTY	349035 NJ SOMERSET COUNTY	
349039 NJ UNION COUNTY	349041 NJ WARREN COUNTY	

NEW MEXICO

350012 NM ALBUQUERQUE	350336 NM LAS CRUCES	350479 NM RIO RANCHO
350534 NM SANTA FE	359001 NM BERNALILLO COUNTY	359003 NM CATRON COUNTY
359005 NM CHAVES COUNTY	359006 NM CIBOLA COUNTY	359007 NM COLFAX COUNTY
359009 NM CURRY COUNTY	359011 NM DE BACA COUNTY	359013 NM DONA ANA COUNTY
359015 NM EDDY COUNTY	359017 NM GRANT COUNTY	359019 NM GUADALUPE COUNTY
359021 NM HARDING COUNTY	359023 NM HIDALGO COUNTY	359025 NM LEA COUNTY
359027 NM LINCOLN COUNTY	359028 NM LOS ALAMOS COUNTY	359029 NM LUNA COUNTY
359031 NM MCKINLEY COUNTY	359033 NM MORA COUNTY	359035 NM OTERO COUNTY
359037 NM QUAY COUNTY	359039 NM RIO ARRIBA COUNTY	359041 NM ROOSEVELT COUNTY
359043 NM SANDOVAL COUNTY	359045 NM SAN JUAN COUNTY	359047 NM SAN MIGUEL COUNTY
359049 NM SANTA FE COUNTY	359051 NM SIERRA COUNTY	359053 NM SOCORRO COUNTY
359055 NM TAOS COUNTY	359057 NM TORRANCE COUNTY	359059 NM UNION COUNTY
359061 NM VALENCIA COUNTY		

NEW YORK

360040 NY ALBANY	360300 NY AUBURN	360352 NY BABYLON TOWN
360152 NY AMHERST TOWN	360784 NY BUFFALO	361152 NY CHEEKTOWAGA TOWN
360556 NY BINGHAMTON	361380 NY COLONIE TOWN	361756 NY DUNKIRK
361256 NY CLAY TOWN	362480 NY GLENS FALLS	362572 NY GREECE
362000 NY ELMIRA	363088 NY HUNTINGTON TOWN	363140 NY IRONDEQUOIT
362688 NY HAMBURG TOWN	363180 NY JAMESTOWN	364004 NY MIDDLETOWN
363160 NY ISLIP TOWN	364320 NY NEWBURGH	364408 NY NEW ROCHELLE
364212 NY MOUNT VERNON	364448 NY NIAGARA FALLS	365312 NY POUGHKEEPSIE
364436 NY NEW YORK CITY	365572 NY ROME	365800 NY SARATOGA SPRINGS
365544 NY ROCHESTER	366376 NY SYRACUSE	366468 NY TONAWANDA TOWN
365848 NY SCHENECTADY	366588 NY UNION TOWN	366612 NY UTICA
366500 NY TROY		

367024 NY	WEST SENECA	367096 NY	WHITE PLAINS	367260 NY	YONKERS
369001 NY	ALBANY COUNTY	369003 NY	ALLEGANY COUNTY	369007 NY	BROOME COUNTY
369009 NY	CATTARAUGUS	369011 NY	CAYUGA COUNTY	369013 NY	CHAUTAUQUA
369015 NY	CHEMUNG COUNTY	369017 NY	CHENANGO COUNTY	369019 NY	CLINTON COUNTY
369021 NY	COLUMBIA COUNTY	369023 NY	CORTLAND COUNTY	369025 NY	DELAWARE COUNTY
369027 NY	DUTCHESS COUNTY	369029 NY	ERIE COUNTY	369031 NY	ESSEX COUNTY
369033 NY	FRANKLIN COUNTY	369035 NY	FULTON COUNTY	369037 NY	GENESEE COUNTY
369039 NY	GREENE COUNTY	369041 NY	HAMILTON COUNTY	369043 NY	HERKIMER COUNTY
369045 NY	JEFFERSON COUNTY	369049 NY	LEWIS COUNTY	369051 NY	LIVINGSTON COUNTY
369053 NY	MADISON COUNTY	369055 NY	MONROE COUNTY	369057 NY	MONTGOMERY
369059 NY	NASSAU COUNTY	369063 NY	NIAGARA COUNTY	369065 NY	ONEIDA COUNTY
369067 NY	ONONDAGA COUNTY	369069 NY	ONTARIO COUNTY	369071 NY	ORANGE COUNTY
369073 NY	ORLEANS COUNTY	369075 NY	OSWEGO COUNTY	369077 NY	OTSEGO COUNTY
369079 NY	PUTNAM COUNTY	369083 NY	RENSSELAER COUNTY	369087 NY	ROCKLAND COUNTY
369089 NY	ST. LAWRENCE	369091 NY	SARATOGA COUNTY	369093 NY	SCHENECTADY
369095 NY	SCHOHARIE COUNTY	369097 NY	SCHUYLER COUNTY	369099 NY	SENECA COUNTY
369101 NY	STEBEN COUNTY	369103 NY	SUFFOLK COUNTY	369105 NY	SULLIVAN COUNTY
369107 NY	TIOGA COUNTY	369109 NY	TOMPKINS COUNTY	369111 NY	ULSTER COUNTY
369113 NY	WARREN COUNTY	369115 NY	WASHINGTON COUNTY	369117 NY	WAYNE COUNTY
369119 NY	WESTCHESTER	369121 NY	WYOMING COUNTY	369123 NY	YATES COUNTY

NORTH CAROLINA

370108 NC	ASHEVILLE	370432 NC	BURLINGTON	370660 NC	CONCORD
370552 NC	CHAPEL HILL	370558 NC	CHARLOTTE	371092 NC	GASTONIA
370828 NC	DURHAM	371002 NC	FAYETTEVILLE	371194 NC	GREENVILLE
371158 NC	GOLDSBORO	371188 NC	GREENSBORO	371452 NC	JACKSONVILLE
371338 NC	HICKORY	371356 NC	HIGH POINT	371944 NC	MORGANTON
371494 NC	KANNAPOLIS	371644 NC	LENOIR	372508 NC	SALISBURY
372304 NC	RALEIGH	372406 NC	ROCKY MOUNT	379001 NC	ALAMANCE COUNTY
373144 NC	WILMINGTON	373180 NC	WINSTON SALEM	379007 NC	ANSON COUNTY
379003 NC	ALEXANDER COUNTY	379005 NC	ALLEGHANY COUNTY	379013 NC	BEAUFORT COUNTY
379009 NC	ASHE COUNTY	379011 NC	AVERY COUNTY	379019 NC	BRUNSWICK COUNTY
379015 NC	BERTIE COUNTY	379017 NC	BLADEN COUNTY	379025 NC	CABARRUS COUNTY
379021 NC	BUNCOMBE COUNTY	379023 NC	BURKE COUNTY	379031 NC	CARTERET COUNTY
379027 NC	CALDWELL COUNTY	379029 NC	CAMDEN COUNTY	379037 NC	CHATHAM COUNTY
379033 NC	CASWELL COUNTY	379035 NC	CATAWBA COUNTY	379043 NC	CLAY COUNTY
379039 NC	CHEROKEE COUNTY	379041 NC	CHOWAN COUNTY	379049 NC	CRAVEN COUNTY
379045 NC	CLEVELAND COUNTY	379047 NC	COLUMBUS COUNTY	379055 NC	DARE COUNTY
379051 NC	CUMBERLAND	379053 NC	CURRITUCK COUNTY	379061 NC	DUPLIN COUNTY
379057 NC	DAVIDSON COUNTY	379059 NC	DAVIE COUNTY	379067 NC	FORSYTH COUNTY
379063 NC	DURHAM COUNTY	379065 NC	EDGECOMBE COUNTY	379073 NC	GATES COUNTY
379069 NC	FRANKLIN COUNTY	379071 NC	GASTON COUNTY	379079 NC	GREENE COUNTY
379075 NC	GRAHAM COUNTY	379077 NC	GRANVILLE COUNTY	379085 NC	HARNETT COUNTY
379081 NC	GUILFORD COUNTY	379083 NC	HALIFAX COUNTY	379091 NC	HERTFORD COUNTY
379087 NC	HAYWOOD COUNTY	379089 NC	HENDERSON COUNTY	379097 NC	IREDELL COUNTY
379093 NC	HOKE COUNTY	379095 NC	HYDE COUNTY	379103 NC	JONES COUNTY
379099 NC	JACKSON COUNTY	379101 NC	JOHNSTON COUNTY	379109 NC	LINCOLN COUNTY
379105 NC	LEE COUNTY	379107 NC	LENOIR COUNTY	379115 NC	MADISON COUNTY
379111 NC	MCDOWELL COUNTY	379113 NC	MACON COUNTY	379121 NC	MITCHELL COUNTY
379117 NC	MARTIN COUNTY	379119 NC	MECKLENBURG	379127 NC	NASH COUNTY
379123 NC	MONTGOMERY	379125 NC	MOORE COUNTY	379133 NC	ONSLow COUNTY
379129 NC	NEW HANOVER	379131 NC	NORTHAMPTON	379139 NC	PASQUOTANK
379135 NC	ORANGE COUNTY	379137 NC	PAMLICO COUNTY	379145 NC	PERSON COUNTY
379141 NC	PENDER COUNTY	379143 NC	PERQUIMANS COUNTY	379151 NC	RANDOLPH COUNTY
379147 NC	PITT COUNTY	379149 NC	POLK COUNTY	379157 NC	ROCKINGHAM COUNTY
379153 NC	RICHMOND COUNTY	379155 NC	ROBESON COUNTY		

379159 NC	ROWAN COUNTY	379161 NC	RUTHERFORD COUNTY	379163 NC	SAMPSON COUNTY
379165 NC	SCOTLAND COUNTY	379167 NC	STANLY COUNTY	379169 NC	STOKES COUNTY
379171 NC	SURRY COUNTY	379173 NC	SWAIN COUNTY	379175 NC	TRANSYLVANIA
379177 NC	TYRRELL COUNTY	379179 NC	UNION COUNTY	379181 NC	VANCE COUNTY
379183 NC	WAKE COUNTY	379185 NC	WARREN COUNTY	379187 NC	WASHINGTON COUNTY
379189 NC	WATAUGA COUNTY	379191 NC	WAYNE COUNTY	379193 NC	WILKES COUNTY
379195 NC	WILSON COUNTY	379197 NC	YADKIN COUNTY	379199 NC	YANCEY COUNTY

NORTH DAKOTA

380228 ND	BISMARCK	380636 ND	FARGO	389003 ND	BARNES COUNTY
380816 ND	GRAND FORKS	389001 ND	ADAMS COUNTY	389009 ND	BOTTINEAU COUNTY
389005 ND	BENSON COUNTY	389007 ND	BILLINGS COUNTY	389015 ND	BURLEIGH COUNTY
389011 ND	BOWMAN COUNTY	389013 ND	BURKE COUNTY	389021 ND	DICKEY COUNTY
389017 ND	CASS COUNTY	389019 ND	CAVALIER COUNTY	389027 ND	EDDY COUNTY
389023 ND	DIVIDE COUNTY	389025 ND	DUNN COUNTY	389033 ND	GOLDEN VALLEY
389029 ND	EMMONS COUNTY	389031 ND	FOSTER COUNTY	389039 ND	GRIGGS COUNTY
389035 ND	GRAND FORKS COUNTY	389037 ND	GRANT COUNTY	389045 ND	LAMOURE COUNTY
389041 ND	HETTINGER COUNTY	389043 ND	KIDDER COUNTY	389051 ND	MCINTOSH COUNTY
389047 ND	LOGAN COUNTY	389049 ND	MCHENRY COUNTY	389057 ND	MERCER COUNTY
389053 ND	MCKENZIE COUNTY	389055 ND	MCLEAN COUNTY	389063 ND	NELSON COUNTY
389059 ND	MORTON COUNTY	389061 ND	MOUNTRAIL COUNTY	389069 ND	PIERCE COUNTY
389065 ND	OLIVER COUNTY	389067 ND	PEMBINA COUNTY	389075 ND	RENVILLE COUNTY
389071 ND	RAMSEY COUNTY	389073 ND	RANSOM COUNTY	389081 ND	SARGENT COUNTY
389077 ND	RICHLAND COUNTY	389079 ND	ROLETTE COUNTY	389087 ND	SLOPE COUNTY
389083 ND	SHERIDAN COUNTY	389085 ND	SIOUX COUNTY	389093 ND	STUTSMAN COUNTY
389089 ND	STARK COUNTY	389091 ND	STEELE COUNTY	389099 ND	WALSH COUNTY
389095 ND	TOWNER COUNTY	389097 ND	TRAILL COUNTY	389105 ND	WILLIAMS COUNTY
389101 ND	WARD COUNTY	389103 ND	WELLS COUNTY		

NORTHERN MARIANAS

690001 MP NORTHERN MARIANAS

OHIO

390042 OH	AKRON	390066 OH	ALLIANCE	390294 OH	BARBERTON
390600 OH	BOWLING GREEN	390858 OH	CANTON	391062 OH	CINCINNATI
391104 OH	CLEVELAND	391110 OH	CLEVELAND HEIGHTS	391176 OH	COLUMBUS
391362 OH	DAYTON	391500 OH	EAST CLEVELAND	391602 OH	ELYRIA
391626 OH	EUCLID	391638 OH	FAIRBORN	392118 OH	HAMILTON CITY
392508 OH	KENT	392526 OH	KETTERING	392628 OH	LAKEWOOD
392634 OH	LANCASTER	392730 OH	LIMA	392820 OH	LORAIN
393012 OH	MANSFIELD	393054 OH	MARIETTA	393114 OH	MASSILLON
393168 OH	MENTOR	393222 OH	MIDDLETOWN	393558 OH	NEWARK
394098 OH	PARMA	394998 OH	SPRINGFIELD	395016 OH	STEUDEVILLE
395214 OH	TOLEDO	395454 OH	WARREN	395874 OH	YOUNGSTOWN
399001 OH	ADAMS COUNTY	399003 OH	ALLEN COUNTY	399005 OH	ASHLAND COUNTY
399007 OH	ASHTABULA COUNTY	399009 OH	ATHENS COUNTY	399011 OH	AUGLAIZE COUNTY
399013 OH	BELMONT COUNTY	399015 OH	BROWN COUNTY	399017 OH	BUTLER COUNTY
399019 OH	CARROLL COUNTY	399021 OH	CHAMPAIGN COUNTY	399023 OH	CLARK COUNTY
399025 OH	CLERMONT COUNTY	399027 OH	CLINTON COUNTY	399029 OH	COLUMBIANA COUNTY
399031 OH	COSHOCTON COUNTY	399033 OH	CRAWFORD COUNTY	399035 OH	CUYAHOGA COUNTY
399037 OH	DARKE COUNTY	399039 OH	DEFIANCE COUNTY	399041 OH	DELAWARE COUNTY
399043 OH	ERIE COUNTY	399045 OH	FAIRFIELD COUNTY	399047 OH	FAYETTE COUNTY
399049 OH	FRANKLIN COUNTY	399051 OH	FULTON COUNTY	399053 OH	GALLIA COUNTY
399055 OH	GEAUGA COUNTY	399057 OH	GREENE COUNTY	399059 OH	GUERNSEY COUNTY
399061 OH	HAMILTON COUNTY	399063 OH	HANCOCK COUNTY	399065 OH	HARDIN COUNTY
399067 OH	HARRISON COUNTY	399069 OH	HENRY COUNTY	399071 OH	HIGHLAND COUNTY
399073 OH	HOCKING COUNTY	399075 OH	HOLMES COUNTY	399077 OH	HURON COUNTY
399079 OH	JACKSON COUNTY	399081 OH	JEFFERSON COUNTY	399083 OH	KNOX COUNTY
399085 OH	LAKE COUNTY	399087 OH	LAWRENCE COUNTY	399089 OH	LICKING COUNTY
399091 OH	LOGAN COUNTY	399093 OH	LORAIN COUNTY	399095 OH	LUCAS COUNTY

399097 OH	MADISON COUNTY	399099 OH	MAHONING COUNTY	399101 OH	MARION COUNTY
399103 OH	MEDINA COUNTY	399105 OH	MEIGS COUNTY	399107 OH	MERCER COUNTY
399109 OH	MIAMI COUNTY	399111 OH	MONROE COUNTY	399113 OH	MONTGOMERY
399115 OH	MORGAN COUNTY	399117 OH	MORROW COUNTY	399119 OH	MUSKINGUM COUNTY
399121 OH	NOBLE COUNTY	399123 OH	OTTAWA COUNTY	399125 OH	PAULDING COUNTY
399127 OH	PERRY COUNTY	399129 OH	PICKAWAY COUNTY	399131 OH	PIKE COUNTY
399133 OH	PORTAGE COUNTY	399135 OH	PREBLE COUNTY	399137 OH	PUTNAM COUNTY
399139 OH	RICHLAND COUNTY	399141 OH	ROSS COUNTY	399143 OH	SANDUSKY COUNTY
399145 OH	SCIOTO COUNTY	399147 OH	SENECA COUNTY	399149 OH	SHELBY COUNTY
399151 OH	STARK COUNTY	399153 OH	SUMMIT COUNTY	399155 OH	TRUMBULL COUNTY
399157 OH	TUSCARAWAS COUNTY	399159 OH	UNION COUNTY	399161 OH	VAN WERT COUNTY
399163 OH	VINTON COUNTY	399165 OH	WARREN COUNTY	399167 OH	WASHINGTON COUNTY
399169 OH	WAYNE COUNTY	399171 OH	WILLIAMS COUNTY	399173 OH	WOOD COUNTY
399175 OH	WYANDOT COUNTY				

OKLAHOMA

400354 OK	BROKEN ARROW	400966 OK	ENID	401734 OK	LAWTON
400918 OK	EDMOND	402190 OK	NORMAN	402268 OK	OKLAHOMA CITY
402016 OK	MIDWEST CITY	403036 OK	TULSA	409001 OK	ADAIR COUNTY
402718 OK	SHAWNEE	409005 OK	ATOKA COUNTY	409007 OK	BEAVER COUNTY
409003 OK	ALFALFA COUNTY	409011 OK	BLAINE COUNTY	409013 OK	BRYAN COUNTY
409009 OK	BECKHAM COUNTY	409017 OK	CANADIAN COUNTY	409019 OK	CARTER COUNTY
409015 OK	CADDO COUNTY	409023 OK	CHOCTAW COUNTY	409025 OK	CIMARRON COUNTY
409021 OK	CHEROKEE COUNTY	409029 OK	COAL COUNTY	409031 OK	COMANCHE COUNTY
409027 OK	CLEVELAND COUNTY	409035 OK	CRAIG COUNTY	409037 OK	CREEK COUNTY
409033 OK	COTTON COUNTY	409041 OK	DELAWARE COUNTY	409043 OK	DEWEY COUNTY
409039 OK	CUSTER COUNTY	409047 OK	GARFIELD COUNTY	409049 OK	GARVIN COUNTY
409045 OK	ELLIS COUNTY	409053 OK	GRANT COUNTY	409055 OK	GREER COUNTY
409051 OK	GRADY COUNTY	409059 OK	HARPER COUNTY	409061 OK	HASKELL COUNTY
409057 OK	HARMON COUNTY	409065 OK	JACKSON COUNTY	409067 OK	JEFFERSON COUNTY
409063 OK	HUGHES COUNTY	409071 OK	KAY COUNTY	409073 OK	KINGFISHER COUNTY
409069 OK	JOHNSTON COUNTY	409077 OK	LATIMER COUNTY	409079 OK	LE FLORE COUNTY
409075 OK	KIOWA COUNTY	409083 OK	LOGAN COUNTY	409085 OK	LOVE COUNTY
409081 OK	LINCOLN COUNTY	409089 OK	MCCURTAIN COUNTY	409091 OK	MCINTOSH COUNTY
409087 OK	MCCLAIN COUNTY	409095 OK	MARSHALL COUNTY	409097 OK	MAYES COUNTY
409093 OK	MAJOR COUNTY	409101 OK	MUSKOGEE COUNTY	409103 OK	NOBLE COUNTY
409099 OK	MURRAY COUNTY	409107 OK	OKFUSKEE COUNTY	409109 OK	OKLAHOMA COUNTY
409105 OK	NOWATA COUNTY	409113 OK	OSAGE COUNTY	409115 OK	OTTAWA COUNTY
409111 OK	OKMULGEE COUNTY	409119 OK	PAYNE COUNTY	409121 OK	PITTSBURG COUNTY
409117 OK	PAWNEE COUNTY	409125 OK	POTTAWATOMIE	409127 OK	PUSHMATAHA
409123 OK	PONTOTOC COUNTY	409131 OK	ROGERS COUNTY	409133 OK	SEMINOLE COUNTY
409129 OK	ROGER MILLS COUNTY	409137 OK	STEPHENS COUNTY	409139 OK	TEXAS COUNTY
409135 OK	SEQUOYAH COUNTY	409143 OK	TULSA COUNTY	409145 OK	WAGONER COUNTY
409141 OK	TILLMAN COUNTY	409149 OK	WASHITA COUNTY	409151 OK	WOODS COUNTY
409147 OK	WASHINGTON COUNTY				
409153 OK	WOODWARD COUNTY				

OREGON

410042 OR	ASHLAND	410288 OR	CORVALLIS	410426 OR	EUGENE
410108 OR	BEAVERTON	410636 OR	HILLSBORO	410888 OR	MEDFORD
410564 OR	GRESHAM	411200 OR	SALEM	411290 OR	SPRINGFIELD
411098 OR	PORTLAND	419003 OR	BENTON COUNTY	419005 OR	CLACKAMAS COUNTY
419001 OR	BAKER COUNTY	419009 OR	COLUMBIA COUNTY	419011 OR	COOS COUNTY
419007 OR	CLATSOP COUNTY	419015 OR	CURRY COUNTY	419017 OR	DESCHUTES COUNTY
419013 OR	CROOK COUNTY	419021 OR	GILLIAM COUNTY	419023 OR	GRANT COUNTY
419019 OR	DOUGLAS COUNTY	419027 OR	HOOD RIVER COUNTY	419029 OR	JACKSON COUNTY
419025 OR	HARNEY COUNTY	419033 OR	JOSEPHINE COUNTY	419035 OR	KLAMATH COUNTY
419031 OR	JEFFERSON COUNTY	419039 OR	LANE COUNTY	419041 OR	LINCOLN COUNTY
419037 OR	LAKE COUNTY	419045 OR	MALHEUR COUNTY	419047 OR	MARION COUNTY
419043 OR	LINN COUNTY				

419049 OR	MORROW COUNTY	419051 OR	MULTNOMAH COUNTY	419053 OR	POLK COUNTY
419055 OR	SHERMAN COUNTY	419057 OR	TILLAMOOK COUNTY	419059 OR	UMATILLA COUNTY
419061 OR	UNION COUNTY	419063 OR	WALLOWA COUNTY	419065 OR	WASCO COUNTY
419067 OR	WASHINGTON COUNTY	419069 OR	WHEELER COUNTY	419071 OR	YAMHILL COUNTY
PENNSYLVANIA					
420015 PA	ABINGTON	420096 PA	ALLENTOWN	420504 PA	BETHLEHEM
420114 PA	ALTOONA	420438 PA	BENSALEM TOWNSHIP	421116 PA	CHESTER
420726 PA	BRISTOL TOWNSHIP	420930 PA	CARLISLE	422898 PA	HARRISBURG
421950 PA	EASTON	422178 PA	ERIE	423411 PA	JOHNSTOWN
422937 PA	HAVERTFORD	422958 PA	HAZLETON	423951 PA	LOWER MERION
423573 PA	LANCASTER	423657 PA	LEBANON	424914 PA	NORRISTOWN
424086 PA	MCKEESPORT	424434 PA	MILLCREEK	425529 PA	PITTSBURGH
425340 PA	PENN HILLS	425451 PA	PHILADELPHIA	426258 PA	SHARON
425793 PA	READING	426201 PA	SCRANTON	427947 PA	WILKES-BARRE
426711 PA	STATE COLLEGE	427227 PA	UPPER DARBY	429001 PA	ADAMS COUNTY
427962 PA	WILLIAMSPORT	428136 PA	YORK	429007 PA	BEAVER COUNTY
429003 PA	ALLEGHENY COUNTY	429005 PA	ARMSTRONG COUNTY	429013 PA	BLAIR COUNTY
429009 PA	BEDFORD COUNTY	429011 PA	BERKS COUNTY	429019 PA	BUTLER COUNTY
429015 PA	BRADFORD COUNTY	429017 PA	BUCKS COUNTY	429025 PA	CARBON COUNTY
429021 PA	CAMBRIA COUNTY	429023 PA	CAMERON COUNTY	429031 PA	CLARION COUNTY
429027 PA	CENTRE COUNTY	429029 PA	CHESTER COUNTY	429037 PA	COLUMBIA COUNTY
429033 PA	CLEARFIELD COUNTY	429035 PA	CLINTON COUNTY	429043 PA	DAUPHIN COUNTY
429039 PA	CRAWFORD COUNTY	429041 PA	CUMBERLAND	429049 PA	ERIE COUNTY
429045 PA	DELAWARE COUNTY	429047 PA	ELK COUNTY	429055 PA	FRANKLIN COUNTY
429051 PA	FAYETTE COUNTY	429053 PA	FOREST COUNTY	429061 PA	HUNTINGDON COUNTY
429057 PA	FULTON COUNTY	429059 PA	GREENE COUNTY	429067 PA	JUNIATA COUNTY
429063 PA	INDIANA COUNTY	429065 PA	JEFFERSON COUNTY	429073 PA	LAWRENCE COUNTY
429069 PA	LACKAWANNA	429071 PA	LANCASTER COUNTY	429079 PA	LUZERNE COUNTY
429075 PA	LEBANON COUNTY	429077 PA	LEHIGH COUNTY	429085 PA	MERCER COUNTY
429081 PA	LYCOMING COUNTY	429083 PA	MCKEAN COUNTY	429091 PA	MONTGOMERY
429087 PA	MIFFLIN COUNTY	429089 PA	MONROE COUNTY	429097 PA	NORTHUMBERLAND
429093 PA	MONTOUR COUNTY	429095 PA	NORTHAMPTON	429105 PA	POTTER COUNTY
429099 PA	PERRY COUNTY	429103 PA	PIKE COUNTY	429111 PA	SOMERSET COUNTY
429107 PA	SCHUYLKILL COUNTY	429109 PA	SNYDER COUNTY	429117 PA	TIOGA COUNTY
429113 PA	SULLIVAN COUNTY	429115 PA	SUSQUEHANNA	429123 PA	WARREN COUNTY
429119 PA	UNION COUNTY	429121 PA	VENANGO COUNTY	429129 PA	WESTMORELAND
429125 PA	WASHINGTON COUNTY	429127 PA	WAYNE COUNTY		
429131 PA	WYOMING COUNTY	429133 PA	YORK COUNTY		
PUERTO RICO					
729001 PR	ADJUNTAS MUNICIPIO	729003 PR	AGUADA MUNICIPIO	729005 PR	AGUADILLA
729007 PR	AGUAS BUENAS	729009 PR	AIBONITO MUNICIPIO	729011 PR	A±ASCO MUNICIPIO
729013 PR	ARECIBO MUNICIPIO	729015 PR	ARROYO MUNICIPIO	729017 PR	BARCELONETA
729019 PR	BARRANQUITAS	729021 PR	BAYAMON MUNICIPIO	729023 PR	CABO ROJO MUNICIPIO
729025 PR	CAGUAS MUNICIPIO	729027 PR	CAMUY MUNICIPIO	729029 PR	CANOVANAS
729031 PR	CAROLINA MUNICIPIO	729033 PR	CATA±O MUNICIPIO	729035 PR	CAYEY MUNICIPIO
729037 PR	CEIBA MUNICIPIO	729039 PR	CIALES MUNICIPIO	729041 PR	CIDRA MUNICIPIO
729043 PR	COAMO MUNICIPIO	729045 PR	COMERIO MUNICIPIO	729047 PR	COROZAL MUNICIPIO
729049 PR	CULEBRA MUNICIPIO	729051 PR	DORADO MUNICIPIO	729053 PR	FAJARDO MUNICIPIO
729054 PR	FLORIDA MUNICIPIO	729055 PR	GUBNICA MUNICIPIO	729057 PR	GUAYAMA MUNICIPIO
729059 PR	GUAYANILLA	729061 PR	GUAYNABO MUNICIPIO	729063 PR	GURABO MUNICIPIO
729065 PR	HATILLO MUNICIPIO	729067 PR	HORMIGUEROS	729069 PR	HUMACAO MUNICIPIO
729071 PR	ISABELA MUNICIPIO	729073 PR	JAYUYA MUNICIPIO	729075 PR	JUANA DIAZ
729077 PR	JUNCOS MUNICIPIO	729079 PR	LAJAS MUNICIPIO	729081 PR	LARES MUNICIPIO
729083 PR	LAS MARFAS	729085 PR	LAS PIEDRAS	729087 PR	LOFZA MUNICIPIO
729089 PR	LUQUILLO MUNICIPIO	729091 PR	MANATI MUNICIPIO	729093 PR	MARICAO MUNICIPIO
729095 PR	MAUNABO MUNICIPIO	729097 PR	MAYAGUEZ	729099 PR	MOCA MUNICIPIO

729101 PR MOROVIS MUNICIPIO	729103 PR NAGUABO MUNICIPIO	729105 PR NARANJITO
729107 PR OROCOVIS MUNICIPIO	729109 PR PATILLAS MUNICIPIO	729111 PR PE±UELAS MUNICIPIO
729113 PR PONCE MUNICIPIO	729115 PR QUEBRADILLAS	729117 PR RINC=N MUNICIPIO
729119 PR RIO GRANDE	729121 PR SABANA GRANDE	729123 PR SALINAS MUNICIPIO
729125 PR SAN GERMBN	729127 PR SAN JUAN MUNICIPIO	729129 PR SAN LORENZO
729131 PR SAN SEBASTIBN	729133 PR SANTA ISABEL	729135 PR TOA ALTA MUNICIPIO
729137 PR TOA BAJA MUNICIPIO	729139 PR TRUJILLO ALTO	729141 PR UTUADO MUNICIPIO
729143 PR VEGA ALTA	729145 PR VEGA BAJA MUNICIPIO	729147 PR VIEQUES MUNICIPIO
729149 PR VILLALBA MUNICIPIO	729151 PR YABUCOA MUNICIPIO	729153 PR YAUCO MUNICIPIO

RHODE ISLAND

440054 RI CRANSTON	440072 RI EAST PROVIDENCE	
440210 RI PAWTUCKET	440222 RI PROVIDENCE	440276 RI WARWICK
440306 RI WOONSOCKET	449001 RI BRISTOL COUNTY	449003 RI KENT COUNTY
449005 RI NEWPORT COUNTY	449007 RI PROVIDENCE COUNTY	449009 RI WASHINGTON COUNTY

SOUTH CAROLINA

450012 SC AIKEN	450030 SC ANDERSON	
450300 SC CHARLESTON	450372 SC COLUMBIA	450534 SC FLORENCE
450648 SC GREENVILLE	451080 SC MYRTLE BEACH	451386 SC ROCK HILL
451554 SC SPARTANBURG	451620 SC SUMTER	459001 SC ABBEVILLE COUNTY
459003 SC AIKEN COUNTY	459005 SC ALLENDALE COUNTY	459007 SC ANDERSON COUNTY
459009 SC BAMBERG COUNTY	459011 SC BARNWELL COUNTY	459013 SC BEAUFORT COUNTY
459015 SC BERKELEY COUNTY	459017 SC CALHOUN COUNTY	459019 SC CHARLESTON COUNTY
459021 SC CHEROKEE COUNTY	459023 SC CHESTER COUNTY	459025 SC CHESTERFIELD
459027 SC CLARENDON COUNTY	459029 SC COLLETON COUNTY	459031 SC DARLINGTON COUNTY
459033 SC DILLON COUNTY	459035 SC DORCHESTER COUNTY	459037 SC EDGEFIELD COUNTY
459039 SC FAIRFIELD COUNTY	459041 SC FLORENCE COUNTY	459043 SC GEORGETOWN
459045 SC GREENVILLE COUNTY	459047 SC GREENWOOD COUNTY	459049 SC HAMPTON COUNTY
459051 SC HORRY COUNTY	459053 SC JASPER COUNTY	459055 SC KERSHAW COUNTY
459057 SC LANCASTER COUNTY	459059 SC LAURENS COUNTY	459061 SC LEE COUNTY
459063 SC LEXINGTON COUNTY	459065 SC MCCORMICK COUNTY	459067 SC MARION COUNTY
459069 SC MARLBORO COUNTY	459071 SC NEWBERRY COUNTY	459073 SC OCONEE COUNTY
459075 SC ORANGEBURG COUNTY	459077 SC PICKENS COUNTY	459079 SC RICHLAND COUNTY
459081 SC SALUDA COUNTY	459083 SC SPARTANBURG	459085 SC SUMTER COUNTY
459087 SC UNION COUNTY	459089 SC WILLIAMSBURG	459091 SC YORK COUNTY

SOUTH DAKOTA

461392 SD RAPID CITY	461518 SD SIOUX FALLS	
469003 SD AURORA COUNTY	469005 SD BEADLE COUNTY	469007 SD BENNETT COUNTY
469009 SD BON HOMME COUNTY	469011 SD BROOKINGS COUNTY	469013 SD BROWN COUNTY
469015 SD BRULE COUNTY	469017 SD BUFFALO COUNTY	469019 SD BUTTE COUNTY
469021 SD CAMPBELL COUNTY	469023 SD CHARLES MIX COUNTY	469025 SD CLARK COUNTY
469027 SD CLAY COUNTY	469029 SD CODINGTON COUNTY	469031 SD CORSON COUNTY
469033 SD CUSTER COUNTY	469035 SD DAVISON COUNTY	469037 SD DAY COUNTY
469039 SD DEUEL COUNTY	469041 SD DEWEY COUNTY	469043 SD DOUGLAS COUNTY
469045 SD EDMUNDS COUNTY	469047 SD FALL RIVER COUNTY	469049 SD FAULK COUNTY
469051 SD GRANT COUNTY	469053 SD GREGORY COUNTY	469055 SD HAAKON COUNTY
469057 SD HAMLIN COUNTY	469059 SD HAND COUNTY	469061 SD HANSON COUNTY
469063 SD HARDING COUNTY	469065 SD HUGHES COUNTY	469067 SD HUTCHINSON COUNTY
469069 SD HYDE COUNTY	469071 SD JACKSON COUNTY	469073 SD JERAULD COUNTY
469075 SD JONES COUNTY	469077 SD KINGSBURY COUNTY	469079 SD LAKE COUNTY
469081 SD LAWRENCE COUNTY	469083 SD LINCOLN COUNTY	469085 SD LYMAN COUNTY
469087 SD MCCOOK COUNTY	469089 SD MCPHERSON COUNTY	469091 SD MARSHALL COUNTY
469093 SD MEADE COUNTY	469095 SD MELLETTE COUNTY	469097 SD MINER COUNTY
469099 SD MINNEHAHA COUNTY	469101 SD MOODY COUNTY	469103 SD PENNINGTON COUNTY
469105 SD PERKINS COUNTY	469107 SD POTTER COUNTY	469109 SD ROBERTS COUNTY
469111 SD SANBORN COUNTY	469113 SD SHANNON COUNTY	469115 SD SPINK COUNTY
469117 SD STANLEY COUNTY	469119 SD SULLY COUNTY	469121 SD TODD COUNTY
469123 SD TRIPP COUNTY	469125 SD TURNER COUNTY	469127 SD UNION COUNTY
469129 SD WALWORTH COUNTY	469135 SD YANKTON COUNTY	469137 SD ZIEBACH COUNTY

TENNESSEE

470228 TN	BRISTOL	470336 TN	CHATTANOOGA	470954 TN	JOHNSON CITY
470354 TN	CLARKSVILLE	470924 TN	JACKSON	471242 TN	MEMPHIS
470990 TN	KINGSPORT	471014 TN	KNOXVILLE	471422 TN	OAK RIDGE
471362 TN	MURFREESBORO	471368 TN	NASHVILLE-DAVIDSON	479005 TN	BENTON COUNTY
479001 TN	ANDERSON COUNTY	479003 TN	BEDFORD COUNTY	479011 TN	BRADLEY COUNTY
479007 TN	BLED SOE COUNTY	479009 TN	BLOUNT COUNTY	479017 TN	CARROLL COUNTY
479013 TN	CAMPBELL COUNTY	479015 TN	CANNON COUNTY	479023 TN	CHESTER COUNTY
479019 TN	CARTER COUNTY	479021 TN	CHEATHAM COUNTY	479029 TN	COCKE COUNTY
479025 TN	CLAIBORNE COUNTY	479027 TN	CLAY COUNTY	479035 TN	CUMBERLAND
479031 TN	COFFEE COUNTY	479033 TN	CROCKETT COUNTY	479043 TN	DICKSON COUNTY
479039 TN	DECATUR COUNTY	479041 TN	DEKALB COUNTY	479049 TN	FENTRESS COUNTY
479045 TN	DYER COUNTY	479047 TN	FAYETTE COUNTY	479055 TN	GILES COUNTY
479051 TN	FRANKLIN COUNTY	479053 TN	GIBSON COUNTY	479061 TN	GRUNDY COUNTY
479057 TN	GRAINGER COUNTY	479059 TN	GREENE COUNTY	479067 TN	HANCOCK COUNTY
479063 TN	HAMBLEN COUNTY	479065 TN	HAMILTON COUNTY	479073 TN	HAWKINS COUNTY
479069 TN	HARDEMAN COUNTY	479071 TN	HARDIN COUNTY	479079 TN	HENRY COUNTY
479075 TN	HAYWOOD COUNTY	479077 TN	HENDERSON COUNTY	479085 TN	HUMPHREYS COUNTY
479081 TN	HICKMAN COUNTY	479083 TN	HOUSTON COUNTY	479091 TN	JOHNSON COUNTY
479087 TN	JACKSON COUNTY	479089 TN	JEFFERSON COUNTY	479097 TN	LAUDERDALE COUNTY
479093 TN	KNOX COUNTY	479095 TN	LAKE COUNTY	479103 TN	LINCOLN COUNTY
479099 TN	LAWRENCE COUNTY	479101 TN	LEWIS COUNTY	479109 TN	MCNAIRY COUNTY
479105 TN	LOUDON COUNTY	479107 TN	MCMINN COUNTY	479115 TN	MARION COUNTY
479111 TN	MACON COUNTY	479113 TN	MADISON COUNTY	479121 TN	MEIGS COUNTY
479117 TN	MARSHALL COUNTY	479119 TN	MAURY COUNTY	479127 TN	MOORE COUNTY
479123 TN	MONROE COUNTY	479125 TN	MONTGOMERY	479133 TN	OVERTON COUNTY
479129 TN	MORGAN COUNTY	479131 TN	OBION COUNTY	479139 TN	POLK COUNTY
479135 TN	PERRY COUNTY	479137 TN	PICKETT COUNTY	479145 TN	ROANE COUNTY
479141 TN	PUTNAM COUNTY	479143 TN	RHEA COUNTY	479151 TN	SCOTT COUNTY
479147 TN	ROBERTSON COUNTY	479149 TN	RUTHERFORD COUNTY	479157 TN	SHELBY COUNTY
479153 TN	SEQUATCHIE COUNTY	479155 TN	SEVIER COUNTY	479163 TN	SULLIVAN COUNTY
479159 TN	SMITH COUNTY	479161 TN	STEWART COUNTY	479169 TN	TROUSDALE COUNTY
479165 TN	SUMNER COUNTY	479167 TN	TIPTON COUNTY	479175 TN	VAN BUREN COUNTY
479171 TN	UNICOI COUNTY	479173 TN	UNION COUNTY	479181 TN	WAYNE COUNTY
479177 TN	WARREN COUNTY	479179 TN	WASHINGTON COUNTY	479187 TN	WILLIAMSON COUNTY
479183 TN	WEAKLEY COUNTY	479185 TN	WHITE COUNTY		
479189 TN	WILSON COUNTY				

TEXAS

480018 TX	ABILENE	480222 TX	ARLINGTON	480264 TX	AUSTIN
480132 TX	AMARILLO	480402 TX	BEAUMONT	480726 TX	BROWNSVILLE
480390 TX	BAYTOWN CITY	480900 TX	CARROLLTON	481104 TX	COLLEGE STATION
480738 TX	BRYAN	481206 TX	CORPUS CHRISTI	481338 TX	DALLAS
481158 TX	CONROE	481416 TX	DENTON	481608 TX	EDINBURG
481410 TX	DENISON	481824 TX	FLOWER MOUND	481896 TX	FORT WORTH
481680 TX	EL PASO	481998 TX	GARLAND	482142 TX	GRAND PRAIRIE
481986 TX	GALVESTON	482514 TX	HOUSTON	482628 TX	IRVING
482304 TX	HARLINGEN	483042 TX	LAREDO	483132 TX	LEWISVILLE
482820 TX	KILLEEN	483288 TX	LUBBOCK	483330 TX	MC ALLEN
483246 TX	LONGVIEW	483438 TX	MARSHALL	483546 TX	MESQUITE
483348 TX	MCKINNEY	483606 TX	MISSION	483612 TX	MISSOURI CITY
483564 TX	MIDLAND	483888 TX	NORTH RICHLAND	483924 TX	ODESSA
483798 TX	NEW BRAUNFELS	484068 TX	PASADENA	484146 TX	PHARR
483966 TX	ORANGE	484248 TX	PORT ARTHUR	484488 TX	RICHARDSON
484206 TX	PLANO	484752 TX	SAN ANGELO	484758 TX	SAN ANTONIO
484674 TX	ROUND ROCK	484812 TX	SAN MARCOS	484962 TX	SHERMAN
484770 TX	SAN BENITO				

485202 TX	SUGAR LAND	485316 TX	TEMPLE	485340 TX	TEXARKANA
485346 TX	TEXAS CITY	485496 TX	TYLER	485580 TX	VICTORIA
485592 TX	WACO	485826 TX	WICHITA FALLS	489001 TX	ANDERSON COUNTY
489003 TX	ANDREWS COUNTY	489005 TX	ANGELINA COUNTY	489007 TX	ARANSAS COUNTY
489009 TX	ARCHER COUNTY	489011 TX	ARMSTRONG COUNTY	489013 TX	ATASCOSA COUNTY
489015 TX	AUSTIN COUNTY	489017 TX	BAILEY COUNTY	489019 TX	BANDERA COUNTY
489021 TX	BASTROP COUNTY	489023 TX	BAYLOR COUNTY	489025 TX	BEE COUNTY
489027 TX	BELL COUNTY	489029 TX	BEXAR COUNTY	489031 TX	BLANCO COUNTY
489033 TX	BORDEN COUNTY	489035 TX	BOSQUE COUNTY	489037 TX	BOWIE COUNTY
489039 TX	BRAZORIA COUNTY	489041 TX	BRAZOS COUNTY	489043 TX	BREWSTER COUNTY
489045 TX	BRISCOE COUNTY	489047 TX	BROOKS COUNTY	489049 TX	BROWN COUNTY
489051 TX	BURLESON COUNTY	489053 TX	BURNET COUNTY	489055 TX	CALDWELL COUNTY
489057 TX	CALHOUN COUNTY	489059 TX	CALLAHAN COUNTY	489061 TX	CAMERON COUNTY
489063 TX	CAMP COUNTY	489065 TX	CARSON COUNTY	489067 TX	CASS COUNTY
489069 TX	CASTRO COUNTY	489071 TX	CHAMBERS COUNTY	489073 TX	CHEROKEE COUNTY
489075 TX	CHILDRESS COUNTY	489077 TX	CLAY COUNTY	489079 TX	COCHRAN COUNTY
489081 TX	COKE COUNTY	489083 TX	COLEMAN COUNTY	489085 TX	COLLIN COUNTY
489087 TX	COLLINGSWORTH	489089 TX	COLORADO COUNTY	489091 TX	COMAL COUNTY
489093 TX	COMANCHE COUNTY	489095 TX	CONCHO COUNTY	489097 TX	COOKE COUNTY
489099 TX	CORYELL COUNTY	489101 TX	COTTLE COUNTY	489103 TX	CRANE COUNTY
489105 TX	CROCKETT COUNTY	489107 TX	CROSBY COUNTY	489109 TX	CULBERSON COUNTY
489111 TX	DALLAM COUNTY	489113 TX	DALLAS COUNTY	489115 TX	DAWSON COUNTY
489117 TX	DEAF SMITH COUNTY	489119 TX	DELTA COUNTY	489121 TX	DENTON COUNTY
489123 TX	DEWITT COUNTY	489125 TX	DICKENS COUNTY	489127 TX	DIMMIT COUNTY
489129 TX	DONLEY COUNTY	489131 TX	DUVAL COUNTY	489133 TX	EASTLAND COUNTY
489135 TX	ECTOR COUNTY	489137 TX	EDWARDS COUNTY	489139 TX	ELLIS COUNTY
489141 TX	EL PASO COUNTY	489143 TX	ERATH COUNTY	489145 TX	FALLS COUNTY
489147 TX	FANNIN COUNTY	489149 TX	FAYETTE COUNTY	489151 TX	FISHER COUNTY
489153 TX	FLOYD COUNTY	489155 TX	FOARD COUNTY	489157 TX	FORT BEND COUNTY
489159 TX	FRANKLIN COUNTY	489161 TX	FREESTONE COUNTY	489163 TX	FRIO COUNTY
489165 TX	GAINES COUNTY	489167 TX	GALVESTON COUNTY	489169 TX	GARZA COUNTY
489171 TX	GILLESPIE COUNTY	489173 TX	GLASSCOCK COUNTY	489175 TX	GOLIAD COUNTY
489177 TX	GONZALES COUNTY	489179 TX	GRAY COUNTY	489181 TX	GRAYSON COUNTY
489183 TX	GREGG COUNTY	489185 TX	GRIMES COUNTY	489187 TX	GUADALUPE COUNTY
489189 TX	HALE COUNTY	489191 TX	HALL COUNTY	489193 TX	HAMILTON COUNTY
489195 TX	HANSFORD COUNTY	489197 TX	HARDEMAN COUNTY	489199 TX	HARDIN COUNTY
489201 TX	HARRIS COUNTY	489203 TX	HARRISON COUNTY	489205 TX	HARTLEY COUNTY
489207 TX	HASKELL COUNTY	489209 TX	HAYS COUNTY	489211 TX	HEMPHILL COUNTY
489213 TX	HENDERSON COUNTY	489215 TX	HIDALGO COUNTY	489217 TX	HILL COUNTY
489219 TX	HOCKLEY COUNTY	489221 TX	HOOD COUNTY	489223 TX	HOPKINS COUNTY
489225 TX	HOUSTON COUNTY	489227 TX	HOWARD COUNTY	489229 TX	HUDSPETH COUNTY
489231 TX	HUNT COUNTY	489233 TX	HUTCHINSON COUNTY	489235 TX	IRION COUNTY
489237 TX	JACK COUNTY	489239 TX	JACKSON COUNTY	489241 TX	JASPER COUNTY
489243 TX	JEFF DAVIS COUNTY	489245 TX	JEFFERSON COUNTY	489247 TX	JIM HOGG COUNTY
489249 TX	JIM WELLS COUNTY	489251 TX	JOHNSON COUNTY	489253 TX	JONES COUNTY
489255 TX	KARNES COUNTY	489257 TX	KAUFMAN COUNTY	489259 TX	KENDALL COUNTY
489261 TX	KENEDY COUNTY	489263 TX	KENT COUNTY	489265 TX	KERR COUNTY
489267 TX	KIMBLE COUNTY	489269 TX	KING COUNTY	489271 TX	KINNEY COUNTY
489273 TX	KLEBERG COUNTY	489275 TX	KNOX COUNTY	489277 TX	LAMAR COUNTY
489279 TX	LAMB COUNTY	489281 TX	LAMPASAS COUNTY	489283 TX	LA SALLE COUNTY
489285 TX	LAVACA COUNTY	489287 TX	LEE COUNTY	489289 TX	LEON COUNTY
489291 TX	LIBERTY COUNTY	489293 TX	LIMESTONE COUNTY	489295 TX	LIPSCOMB COUNTY
489297 TX	LIVE OAK COUNTY	489299 TX	LLANO COUNTY	489301 TX	LOVING COUNTY
489303 TX	LUBBOCK COUNTY	489305 TX	LYNN COUNTY	489307 TX	MCCULLOCH COUNTY
489309 TX	MCLENNAN COUNTY	489311 TX	MCMULLEN COUNTY	489313 TX	MADISON COUNTY
489315 TX	MARION COUNTY	489317 TX	MARTIN COUNTY	489319 TX	MASON COUNTY
489321 TX	MATAGORDA COUNTY	489323 TX	MAVERICK COUNTY	489325 TX	MEDINA COUNTY
489327 TX	MENARD COUNTY	489329 TX	MIDLAND COUNTY	489331 TX	MILAM COUNTY
489333 TX	MILLS COUNTY	489335 TX	MITCHELL COUNTY	489337 TX	MONTAGUE COUNTY
489339 TX	MONTGOMERY	489341 TX	MOORE COUNTY	489343 TX	MORRIS COUNTY

489345 TX	MOTLEY COUNTY	489347 TX	NACOGDOCHES	489349 TX	NAVARRO COUNTY
489351 TX	NEWTON COUNTY	489353 TX	NOLAN COUNTY	489355 TX	NUECES COUNTY
489357 TX	OCHILTREE COUNTY	489359 TX	OLDHAM COUNTY	489361 TX	ORANGE COUNTY
489363 TX	PALO PINTO COUNTY	489365 TX	PANOLA COUNTY	489367 TX	PARKER COUNTY
489369 TX	PARMER COUNTY	489371 TX	PECOS COUNTY	489373 TX	POLK COUNTY
489375 TX	POTTER COUNTY	489377 TX	PRESIDIO COUNTY	489379 TX	RAINS COUNTY
489381 TX	RANDALL COUNTY	489383 TX	REAGAN COUNTY	489385 TX	REAL COUNTY
489387 TX	RED RIVER COUNTY	489389 TX	REEVES COUNTY	489391 TX	REFUGIO COUNTY
489393 TX	ROBERTS COUNTY	489395 TX	ROBERTSON COUNTY	489397 TX	ROCKWALL COUNTY
489399 TX	RUNNELS COUNTY	489401 TX	RUSK COUNTY	489403 TX	SABINE COUNTY
489405 TX	SAN AUGUSTINE	489407 TX	SAN JACINTO COUNTY	489409 TX	SAN PATRICIO
489411 TX	SAN SABA COUNTY	489413 TX	SCHLEICHER COUNTY	489415 TX	SCURRY COUNTY
489417 TX	SHACKELFORD	489419 TX	SHELBY COUNTY	489421 TX	SHERMAN COUNTY
489423 TX	SMITH COUNTY	489425 TX	SOMERVELL COUNTY	489427 TX	STARR COUNTY
489429 TX	STEPHENS COUNTY	489431 TX	STERLING COUNTY	489433 TX	STONEWALL COUNTY
489435 TX	SUTTON COUNTY	489437 TX	SWISHER COUNTY	489439 TX	TARRANT COUNTY
489441 TX	TAYLOR COUNTY	489443 TX	TERRELL COUNTY	489445 TX	TERRY COUNTY
489447 TX	THROCKMORTON	489449 TX	TITUS COUNTY	489451 TX	TOM GREEN COUNTY
489453 TX	TRAVIS COUNTY	489455 TX	TRINITY COUNTY	489457 TX	TYLER COUNTY
489459 TX	UPSHUR COUNTY	489461 TX	UPTON COUNTY	489463 TX	UVALDE COUNTY
489465 TX	VAL VERDE COUNTY	489467 TX	VAN ZANDT COUNTY	489469 TX	VICTORIA COUNTY
489471 TX	WALKER COUNTY	489473 TX	WALLER COUNTY	489475 TX	WARD COUNTY
489477 TX	WASHINGTON COUNTY	489479 TX	WEBB COUNTY	489481 TX	WHARTON COUNTY
489483 TX	WHEELER COUNTY	489485 TX	WICHITA COUNTY	489487 TX	WILBARGER COUNTY
489489 TX	WILLACY COUNTY	489491 TX	WILLIAMSON COUNTY	489493 TX	WILSON COUNTY
489495 TX	WINKLER COUNTY	489497 TX	WISE COUNTY	489499 TX	WOOD COUNTY
489501 TX	YOAKUM COUNTY	489503 TX	YOUNG COUNTY	489505 TX	ZAPATA COUNTY
489507 TX	ZAVALA COUNTY				

UTAH

490174 UT	CLEARFIELD	490888 UT	OGDEN	490918 UT	OREM
490624 UT	LAYTON	491092 UT	SALT LAKE CITY	491098 UT	SANDY CITY
491014 UT	PROVO	491338 UT	WEST JORDAN	491346 UT	WEST VALLEY
491239 UT	TAYLORSVILLE	499003 UT	BOX ELDER COUNTY	499005 UT	CACHE COUNTY
499001 UT	BEAVER COUNTY	499009 UT	DAGGETT COUNTY	499011 UT	DAVIS COUNTY
499007 UT	CARBON COUNTY	499015 UT	EMERY COUNTY	499017 UT	GARFIELD COUNTY
499013 UT	DUCHESNE COUNTY	499021 UT	IRON COUNTY	499023 UT	JUAB COUNTY
499019 UT	GRAND COUNTY	499027 UT	MILLARD COUNTY	499029 UT	MORGAN COUNTY
499025 UT	KANE COUNTY	499033 UT	RICH COUNTY	499035 UT	SALT LAKE COUNTY
499031 UT	PIUTE COUNTY	499039 UT	SANPETE COUNTY	499041 UT	SEVIER COUNTY
499037 UT	SAN JUAN COUNTY	499045 UT	TOOELE COUNTY	499047 UT	UINTAH COUNTY
499043 UT	SUMMIT COUNTY	499051 UT	WASATCH COUNTY	499053 UT	WASHINGTON COUNTY
499049 UT	UTAH COUNTY	499057 UT	WEBER COUNTY		
499055 UT	WAYNE COUNTY				

VERMONT

500288 VT	BURLINGTON	509001 VT	ADDISON COUNTY	509003 VT	BENNINGTON COUNTY
509005 VT	CALEDONIA COUNTY	509007 VT	CHITTENDEN COUNTY	509009 VT	ESSEX COUNTY
509011 VT	FRANKLIN COUNTY	509013 VT	GRAND ISLE COUNTY	509015 VT	LAMOILLE COUNTY
509017 VT	ORANGE COUNTY	509019 VT	ORLEANS COUNTY	509021 VT	RUTLAND COUNTY
509023 VT	WASHINGTON COUNTY	509025 VT	WINDHAM COUNTY	509027 VT	WINDSOR COUNTY

VIRGIN ISLANDS

780001 VI VIRGIN ISLANDS

VIRGINIA

510024 VA	ALEXANDRIA	510186 VA	BRISTOL	510264 VA	CHARLOTTESVILLE
510288 VA	CHESAPEAKE	510384 VA	COLONIAL HEIGHTS	510450 VA	DANVILLE
510612 VA	FREDERICKSBURG	510720 VA	HAMPTON	510780 VA	HOPEWELL
510960 VA	LYNCHBURG	511098 VA	NEWPORT NEWS	511116 VA	NORFOLK
511200 VA	PETERSBURG	511236 VA	PORTSMOUTH	511308 VA	RICHMOND
511320 VA	ROANOKE	511488 VA	SUFFOLK	511590 VA	VIRGINIA BEACH
519001 VA	ACCOMACK COUNTY	519003 VA	ALBEMARLE COUNTY	519005 VA	ALLEGHANY COUNTY
519007 VA	AMELIA COUNTY	519009 VA	AMHERST COUNTY	519011 VA	APPOMATTOX
519013 VA	ARLINGTON COUNTY	519015 VA	AUGUSTA COUNTY	519017 VA	BATH COUNTY
519019 VA	BEDFORD COUNTY	519021 VA	BLAND COUNTY	519023 VA	BOTETOURT COUNTY
519025 VA	BRUNSWICK COUNTY	519027 VA	BUCHANAN COUNTY	519029 VA	BUCKINGHAM COUNTY
519031 VA	CAMPBELL COUNTY	519033 VA	CAROLINE COUNTY	519035 VA	CARROLL COUNTY
519036 VA	CHARLES CITY	519037 VA	CHARLOTTE COUNTY	519041 VA	CHESTERFIELD
519043 VA	CLARKE COUNTY	519045 VA	CRAIG COUNTY	519047 VA	CULPEPER COUNTY
519049 VA	CUMBERLAND	519051 VA	DICKENSON COUNTY	519053 VA	DINWIDDIE COUNTY
519057 VA	ESSEX COUNTY	519059 VA	FAIRFAX COUNTY	519061 VA	FAUQUIER COUNTY
519063 VA	FLOYD COUNTY	519065 VA	FLUVANNA COUNTY	519067 VA	FRANKLIN COUNTY
519069 VA	FREDERICK COUNTY	519071 VA	GILES COUNTY	519073 VA	GLOUCESTER COUNTY
519075 VA	GOOCHLAND COUNTY	519077 VA	GRAYSON COUNTY	519079 VA	GREENE COUNTY
519081 VA	GREENSVILLE COUNTY	519083 VA	HALIFAX COUNTY	519085 VA	HANOVER COUNTY
519087 VA	HENRICO COUNTY	519089 VA	HENRY COUNTY	519091 VA	HIGHLAND COUNTY
519093 VA	ISLE OF WIGHT	519095 VA	JAMES CITY COUNTY	519097 VA	KING AND QUEEN
519099 VA	KING GEORGE COUNTY	519101 VA	KING WILLIAM	519103 VA	LANCASTER COUNTY
519105 VA	LEE COUNTY	519107 VA	LOUDOUN COUNTY	519109 VA	LOUISA COUNTY
519111 VA	LUNENBURG COUNTY	519113 VA	MADISON COUNTY	519115 VA	MATHEWS COUNTY
519117 VA	MECKLENBURG	519119 VA	MIDDLESEX COUNTY	519121 VA	MONTGOMERY
519125 VA	NELSON COUNTY	519127 VA	NEW KENT COUNTY	519131 VA	NORTHAMPTON
519133 VA	NORTHUMBERLAND	519135 VA	NOTTOWAY COUNTY	519137 VA	ORANGE COUNTY
519139 VA	PAGE COUNTY	519141 VA	PATRICK COUNTY	519143 VA	PITTSYLVANIA
519145 VA	POWHATAN COUNTY	519147 VA	PRINCE EDWARD	519149 VA	PRINCE GEORGE
519153 VA	PRINCE WILLIAM	519155 VA	PULASKI COUNTY	519157 VA	RAPPAHANNOCK
519159 VA	RICHMOND COUNTY	519161 VA	ROANOKE COUNTY	519163 VA	ROCKBRIDGE COUNTY
519165 VA	ROCKINGHAM COUNTY	519167 VA	RUSSELL COUNTY	519169 VA	SCOTT COUNTY
519171 VA	SHENANDOAH	519173 VA	SMYTH COUNTY	519175 VA	SOUTHAMPTON
519177 VA	SPOTSYLVANIA	519179 VA	STAFFORD COUNTY	519181 VA	SURRY COUNTY
519183 VA	SUSSEX COUNTY	519185 VA	TAZEWELL COUNTY	519187 VA	WARREN COUNTY
519191 VA	WASHINGTON COUNTY	519193 VA	WESTMORELAND	519195 VA	WISE COUNTY
519197 VA	WYTHE COUNTY	519199 VA	YORK COUNTY	519515 VA	BEDFORD CITY
519530 VA	BUENA VISTA CITY	519560 VA	CLIFTON FORGE CITY	519580 VA	COVINGTON CITY
519595 VA	EMPORIA CITY	519600 VA	FAIRFAX CITY	519610 VA	FALLS CHURCH CITY
519620 VA	FRANKLIN CITY	519640 VA	GALAX CITY	519660 VA	HARRISONBURG CITY
519678 VA	LEXINGTON CITY	519683 VA	MANASSAS CITY	519685 VA	MANASSAS PARK CITY
519690 VA	MARTINSVILLE CITY	519720 VA	NORTON CITY	519735 VA	POQUOSON CITY
519750 VA	RADFORD CITY	519775 VA	SALEM CITY	519790 VA	STAUNTON CITY
519820 VA	WAYNESBORO CITY	519830 VA	WILLIAMSBURG CITY	519840 VA	WINCHESTER CITY

WASHINGTON

530054 WA	AUBURN	530084 WA	BELLEVUE	530480 WA	EVERETT
530090 WA	BELLINGHAM	530132 WA	BREMERTON	530726 WA	KENT CITY
530514 WA	FEDERAL WAY	530720 WA	KENNEWICK	531188 WA	PASCO
530795 WA	LAKESIDE	531134 WA	OLYMPIA	531392 WA	SEATTLE
531302 WA	RENTON CITY	531314 WA	RICHLAND	531554 WA	TACOMA
531420 WA	SHORELINE	531488 WA	SPOKANE	539001 WA	ADAMS COUNTY
531668 WA	VANCOUVER	531830 WA	YAKIMA	539007 WA	CHELAN COUNTY
539003 WA	ASOTIN COUNTY	539005 WA	BENTON COUNTY	539013 WA	COLUMBIA COUNTY
539009 WA	CLALLAM COUNTY	539011 WA	CLARK COUNTY	539019 WA	FERRY COUNTY
539015 WA	COWLITZ COUNTY	539017 WA	DOUGLAS COUNTY		

539021 WA	FRANKLIN COUNTY	539023 WA	GARFIELD COUNTY	539025 WA	GRANT COUNTY
539027 WA	GRAYS HARBOR	539029 WA	ISLAND COUNTY	539031 WA	JEFFERSON COUNTY
539033 WA	KING COUNTY	539035 WA	KITSAP COUNTY	539037 WA	KITTITAS COUNTY
539039 WA	KLICKITAT COUNTY	539041 WA	LEWIS COUNTY	539043 WA	LINCOLN COUNTY
539045 WA	MASON COUNTY	539047 WA	OKANOGAN COUNTY	539049 WA	PACIFIC COUNTY
539051 WA	PEND OREILLE	539053 WA	PIERCE COUNTY	539055 WA	SAN JUAN COUNTY
539057 WA	SKAGIT COUNTY	539059 WA	SKAMANIA COUNTY	539061 WA	SNOHOMISH COUNTY
539063 WA	SPOKANE COUNTY	539065 WA	STEVENS COUNTY	539067 WA	THURSTON COUNTY
539069 WA	WAHKIAKUM COUNTY	539071 WA	WALLA WALLA	539073 WA	WHATCOM COUNTY
539075 WA	WHITMAN COUNTY	539077 WA	YAKIMA COUNTY		

WEST VIRGINIA

540264 WV	CHARLESTON	540666 WV	HUNTINGTON	541038 WV	PARKERSBURG
541392 WV	WEIR TON	541446 WV	WHEELING	549001 WV	BARBOUR COUNTY
549003 WV	BERKELEY COUNTY	549005 WV	BOONE COUNTY	549007 WV	BRAXTON COUNTY
549009 WV	BROOKE COUNTY	549011 WV	CABELL COUNTY	549013 WV	CALHOUN COUNTY
549015 WV	CLAY COUNTY	549017 WV	DODDRIDGE COUNTY	549019 WV	FAYETTE COUNTY
549021 WV	GILMER COUNTY	549023 WV	GRANT COUNTY	549025 WV	GREENBRIER COUNTY
549027 WV	HAMPSHIRE COUNTY	549029 WV	HANCOCK COUNTY	549031 WV	HARDY COUNTY
549033 WV	HARRISON COUNTY	549035 WV	JACKSON COUNTY	549037 WV	JEFFERSON COUNTY
549039 WV	KANAWHA COUNTY	549041 WV	LEWIS COUNTY	549043 WV	LINCOLN COUNTY
549045 WV	LOGAN COUNTY	549047 WV	MCDOWELL COUNTY	549049 WV	MARION COUNTY
549051 WV	MARSHALL COUNTY	549053 WV	MASON COUNTY	549055 WV	MERCER COUNTY
549057 WV	MINERAL COUNTY	549059 WV	MINGO COUNTY	549061 WV	MONONGALIA
549063 WV	MONROE COUNTY	549065 WV	MORGAN COUNTY	549067 WV	NICHOLAS COUNTY
549069 WV	OHIO COUNTY	549071 WV	PENDLETON COUNTY	549073 WV	PLEASANTS COUNTY
549075 WV	POCAHONTAS COUNTY	549077 WV	PRESTON COUNTY	549079 WV	PUTNAM COUNTY
549081 WV	RALEIGH COUNTY	549083 WV	RANDOLPH COUNTY	549085 WV	RITCHIE COUNTY
549087 WV	ROANE COUNTY	549089 WV	SUMMERS COUNTY	549091 WV	TAYLOR COUNTY
549093 WV	TUCKER COUNTY	549095 WV	TYLER COUNTY	549097 WV	UPSHUR COUNTY
549099 WV	WAYNE COUNTY	549101 WV	WEBSTER COUNTY	549103 WV	WETZEL COUNTY
549105 WV	WIRT COUNTY	549107 WV	WOOD COUNTY	549109 WV	WYOMING COUNTY

WISCONSIN

550216 WI	APPLETON	550568 WI	BELOIT	553224 WI	JANESVILLE
551920 WI	EAU CLAIRE	552664 WI	GREEN BAY	553944 WI	MADISON
553316 WI	KENOSHA	553428 WI	LA CROSSE	554960 WI	OSHKOSH
554340 WI	MILWAUKEE	554588 WI	NEENAH	556492 WI	SUPERIOR
555424 WI	RACINE	556000 WI	SHEBOYGAN	557008 WI	WAUWATOSA
556948 WI	WAUKESHA	556980 WI	WAUSAU	559003 WI	ASHLAND COUNTY
557056 WI	WEST ALLIS	559001 WI	ADAMS COUNTY	559009 WI	BROWN COUNTY
559005 WI	BARRON COUNTY	559007 WI	BAYFIELD COUNTY	559015 WI	CALUMET COUNTY
559011 WI	BUFFALO COUNTY	559013 WI	BURNETT COUNTY	559021 WI	COLUMBIA COUNTY
559017 WI	CHIPPEWA COUNTY	559019 WI	CLARK COUNTY	559027 WI	DODGE COUNTY
559023 WI	CRAWFORD COUNTY	559025 WI	DANE COUNTY	559033 WI	DUNN COUNTY
559029 WI	DOOR COUNTY	559031 WI	DOUGLAS COUNTY	559039 WI	FOND DU LAC COUNTY
559035 WI	EAU CLAIRE COUNTY	559037 WI	FLORENCE COUNTY	559045 WI	GREEN COUNTY
559041 WI	FOREST COUNTY	559043 WI	GRANT COUNTY	559051 WI	IRON COUNTY
559047 WI	GREEN LAKE COUNTY	559049 WI	IOWA COUNTY	559057 WI	JUNEAU COUNTY
559053 WI	JACKSON COUNTY	559055 WI	JEFFERSON COUNTY	559063 WI	LA CROSSE COUNTY
559059 WI	KENOSHA COUNTY	559061 WI	KEWAUNEE COUNTY	559069 WI	LINCOLN COUNTY
559065 WI	LAFAYETTE COUNTY	559067 WI	LANGLADE COUNTY	559075 WI	MARINETTE COUNTY
559071 WI	MANITOWOC COUNTY	559073 WI	MARATHON COUNTY	559079 WI	MILWAUKEE COUNTY
559077 WI	MARQUETTE COUNTY	559078 WI	MENOMINEE COUNTY	559085 WI	ONEIDA COUNTY
559081 WI	MONROE COUNTY	559083 WI	OCONTO COUNTY	559091 WI	PEPIN COUNTY
559087 WI	OUTAGAMIE COUNTY	559089 WI	OZAUKEE COUNTY	559097 WI	PORTAGE COUNTY
559093 WI	PIERCE COUNTY	559095 WI	POLK COUNTY	559103 WI	RICHLAND COUNTY
559099 WI	PRICE COUNTY	559101 WI	RACINE COUNTY		

559105 WI	ROCK COUNTY	559107 WI	RUSK COUNTY	559109 WI	ST. CROIX COUNTY
559111 WI	SAUK COUNTY	559113 WI	SAWYER COUNTY	559115 WI	SHAWANO COUNTY
559117 WI	SHEBOYGAN COUNTY	559119 WI	TAYLOR COUNTY	559121 WI	TREMPEALEAU
559123 WI	VERNON COUNTY	559125 WI	VILAS COUNTY	559127 WI	WALWORTH COUNTY
559129 WI	WASHBURN COUNTY	559131 WI	WASHINGTON COUNTY	559133 WI	WAUKESHA COUNTY
559135 WI	WAUPACA COUNTY	559137 WI	WAUSHARA COUNTY	559139 WI	WINNEBAGO COUNTY
559141 WI	WOOD COUNTY				

WYOMING

560054 WY	CASPER	569001 WY	ALBANY COUNTY	569003 WY	BIG HORN COUNTY
560060 WY	CHEYENNE	569007 WY	CARBON COUNTY	569009 WY	CONVERSE COUNTY
569005 WY	CAMPBELL COUNTY	569013 WY	FREMONT COUNTY	569015 WY	GOSHEN COUNTY
569011 WY	CROOK COUNTY	569019 WY	JOHNSON COUNTY	569021 WY	LARAMIE COUNTY
569017 WY	HOT SPRINGS COUNTY	569025 WY	NATRONA COUNTY	569027 WY	NIOBRARA COUNTY
569023 WY	LINCOLN COUNTY	569031 WY	PLATTE COUNTY	569033 WY	SHERIDAN COUNTY
569029 WY	PARK COUNTY	569037 WY	SWEETWATER	569039 WY	TETON COUNTY
569035 WY	SUBLETTE COUNTY	569043 WY	WASHAKIE COUNTY	569045 WY	WESTON COUNTY
569041 WY	UINTA COUNTY				

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Local Field Office Contact List**

<u>NEW ENGLAND</u>	<u>CPD DIRECTOR</u>	<u>PHONE</u>
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MASSACHUSETTS STATE OFFICE 10 CAUSEWAY STREET, ROOM 301 BOSTON, MA 02222-1092	BOB PAQUIN	617-994-8357
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BUFFALO AREA OFFICE 465 MAIN STREET, FIFTH FLOOR BUFFALO, NY 14203-1780	MICHAEL F. MERRILL	716-551-5755
NEW JERSEY STATE OFFICE ONE NEWARK CENTER, 13 TH FLOOR NEWARK, NJ 07102-5260	KATHLEEN NAYMOLA	973-622-7900
NEW YORK STATE OFFICE 26 FEDERAL PLAZA NEW YORK, NY 10278-0068	KATHY MULLINS, ACT'G	212-264-0771
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PENNSYLVANIA STATE OFFICE WANAMAKER BLDG. 100 PENN SQUARE EAST PHILADELPHIA, PA 19107-3390	JOYCE GASKINS	215-656-0624

CoC Supporting Information

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DISTRICT OF COLUMBIA OFFICE 820 1 ST ST., N.E., STE. 450 WASHINGTON, DC 20002-4205	RONALD HERBERT	202-275-0994
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As of December 2002

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**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**HOUSING OPPORTUNITIES FOR
PERSONS WITH AIDS (HOPWA)
PROGRAM**

Billing Code 4210-32-C

Funding Availability for the Housing Opportunities for Persons With AIDS (HOPWA) Program

Program Overview

Purpose of the Program: To provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing and related supportive service needs of persons with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and their families.

Available funds. Approximately \$28,811,000 in FY 2003 funds is available. Funds will be made available under this Program Section in the following priority order: (1) Renewal of expiring HOPWA grants providing permanent supportive housing as described in Part B: Renewal Projects; (2) awards for formula grantees to participate in a Special Project of National Significance as described in Part C: Federal Collaboration with the Centers for Disease Control and Prevention (CDC) to Study the Connection of Housing and HIV; and (3) awards to new and continuing projects seeking HOPWA funding, as described under Part D: New and Continuing Projects.

Eligible Applicants. States, units of general local government, and nonprofit organizations may apply for HOPWA competitive funding under this Program Section. Additional eligibility requirements are outlined under each part of this Program Section.

Application Deadline.

Part B: Project Renewals: June 17, 2003

Part C: Federal Collaboration with the CDC to Study the Connection of Housing and HIV: July 9, 2003

Part D: New and Continuing Projects: July 9, 2003

Match. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following sections of this Program Section. For more information on the program itself including eligible uses of funds, see the HOPWA program regulations at 24 CFR part 574 and the AIDS Housing Opportunity Act (42 U.S.C. 12901), which govern any information contained herein.

Part A: General Program Requirements

The following information provides general guidelines, policies, and requirements for applicants applying for HOPWA competitive funding under this Program Section. Unless otherwise

noted, the following provisions apply to applicants of Parts B–D of this Program Section.

I. Available Funding and Additional Resources

(A) *HOPWA FY 2003 Competitive Program.* Through this Program Section, approximately \$28,811,000 in FY 2003 funds is being made available for HOPWA awards. Additional funds may be awarded if funds are recaptured, deobligated, appropriated or otherwise made available during the fiscal year. Priority funding will be given to applicants applying, first, for renewal of expiring permanent supportive housing grants as outlined under Part B of this Program Section. Secondly, if funds remain, HUD will fund applicants for projects working on the collaborative study between HUD and the CDC on the connection of housing and HIV prevention and the progression of HIV Disease as outlined under Part C of this Program Section. Lastly, if funds remain, HUD will award funds for continuing or new projects, as outlined under Part D of this Program Section.

(B) *Availability of FY 2003 Formula Allocations.* You should consider seeking funds from the formula component of the HOPWA program and from other resources. Ninety (90) percent of the HOPWA program is allocated by formula to recipient states and cities. In FY2003, a total of \$259,304,000 was allocated by formula to the qualifying cities for 75 eligible metropolitan statistical areas (EMSAs) and to states for 36 eligible areas outside of EMSAs. All HOPWA formula grants are available as part of the jurisdiction's Consolidated Plan. Information on consolidated planning, including HOPWA formula programs and descriptions of previously awarded competitive grants, is available on the HUD Web site at <http://www.hud.gov/grants>.

(C) *Availability of National HOPWA Technical Assistance.* To apply for HOPWA technical assistance funds, submit an application for funds under the Community Development Technical Assistance (CDTA) part of this notice, which is published elsewhere in this SuperNOFA. The CDTA notice makes available up to \$1,987,000 in FY 2003 funds in HOPWA funds to organizations for technical assistance support on a national or regional basis.

II. Application, Further Information, and Technical Assistance

(A) *Where to Send Your Application.* For this Program Section, see the General Section of this SuperNOFA for specific procedures governing the form

of application submission (e.g., mailed applications, express mail, or overnight delivery).

(B) *Address for Submitting Applications.* Your completed application consists of an original signed application and two copies. Submit the original application and one copy to: Department of Housing and Urban Development, Attn: HOPWA, 451 Seventh Street, SW., Room 7251, Washington, DC 20410. Submit the additional one (1) copy of your application to the area CPD Field Office or Offices that serve the area in which activities are proposed. For multi-state efforts, you must submit the copy of your application to the Field Office that serves your main office. The list of addresses for area CPD Field Offices is provided as Appendix B of this Program Section of this SuperNOFA. If you propose nationwide activities, you must send all copies to the HUD Headquarters Office. When submitting your applications, please refer to HOPWA, and include your name, mailing address (including zip code), facsimile, email, and telephone number (including area code).

(C) *For Applications.* All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's website at www.hud.gov. If you are unable to download any of the materials in this SuperNOFA, Program Section and its appendixes, please call the SuperNOFA Information Center at 1–800-HUD–8929 (1–800–483–8929) for a copy of the General Section and this Program Section of the SuperNOFA. Persons with hearing or speech challenges may access the above number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

(D) *For Further Information and Technical Assistance (TA).* You may call the HUD Field Office serving your area, at the telephone number shown in Appendix B, or you may contact the Office of HIV/AIDS Housing, HUD at (202) 708–1934. HUD staff may assist with program questions, but may not assist in preparing your application. Persons with hearing or speech challenges may access the above number via TTY (text telephone) by calling the Federal Information Relay Service at 1–800–877–8339 (this is a toll-free number).

(E) *Seeking Technical Assistance (TA) in Developing a HOPWA Application.* HOPWA TA providers may not provide technical assistance in the drafting of responses to HUD's NOFA due to the unfair advantage such assistance gives to one organization over another. If HUD determines that HOPWA technical assistance has been used to draft a HOPWA application, HUD reserves that right to reject the application for funding. If, after your application has been selected for an award, HUD determines that HOPWA technical assistance was used to draft your application, the award will be withdrawn and you may be liable for any funds already spent.

(F) *Satellite Broadcast.* HUD will hold information broadcasts via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should consult the HUD Web site at www.hud.gov/grants.

III. Applicable Requirements of the General Section of the SuperNOFA

The provisions outlined within the General Section of the SuperNOFA apply to the HOPWA program unless otherwise stated within this Program Section. Specifically, you are encouraged to review:

(A) *Section V: Requirements and Procedures Applicable to All Programs.* The threshold requirements in the General Section of the SuperNOFA apply to the HOPWA program and applicants must meet all threshold requirements to receive funding.

(B) *Section II: HUD's FY 2003 SuperNOFA Policy Priorities.* HUD has identified policy priorities that applicants are encouraged to address in implementing programs funded under this notice. Applicable policy priorities for HOPWA applicants seeking funding under Part D of this Program Section are outlined in Part D, Section III: Policy Priorities. Applicants seeking funding under Parts B and C of this Program Section are not required to address HUD's policy priorities.

(C) *Section XI: HUD Reform Act.* The provisions of the HUD Reform Act of 1989 that apply to this announcement are explained in the General Section of the FY 2003 SuperNOFA at Section XI (A).

IV. Corrections to Deficient Applications

See Section VIII: Corrections to Deficient Applications of the General Section of the SuperNOFA.

V. Award Modifications

After reviewing each application, HUD reserves the right to take each of the following actions:

(A) *Make Award Adjustments.* HUD reserves the right to make award adjustments as outlined in Section VI (F), Adjustments to Funding, of the General Section of this SuperNOFA.

(B) *Add Project Outcome Funding.* HUD reserves the right to ensure that each grant receives up to \$50,000 for collection of data on project outcomes. If an applicant fails to request this level of funding for this activity, HUD reserves the right to add such funding to the selected application.

(C) *Not to Duplicate Continuum of Care Projects.* HUD reserves the right to ensure that activities funded under the FY 2003 Continuum of Care will not duplicate new or continuing activities funded under this competition.

VI. Statutory Certifications

HOPWA applicants are not required to provide the forms, certifications, and assurances listed in the General Section of the SuperNOFA unless stated below. The following certifications must be included with your application. All certifications and forms, except those found in the General Section of the SuperNOFA, are included in the appendixes to the HOPWA section of the NOFA.

(A) Certifications Found in the General Section of the SuperNOFA

(1) Consolidated Plan Certification (HUD-2991). Except as stated below, you must include a Consolidated Plan certification from the applicable state or local government official responsible for submitting the appropriate plan. If your project will be carried out on a national basis or will be located on a reservation of an Indian tribe, Guam, the Virgin Islands, American Samoa, or the Northern Mariana Islands, you are not required to include a Consolidated Plan certification with your application. The authorizing official from the state or local government must sign this certification.

(2) Certification of Drug-Free Workplace, Payments to Influence Federal Transactions, and Regarding Debarment and Suspension (new HUD 424B)

(3) Consistency with the RC/RC/EZ/EC Strategic Plan (HUD-2990)

(4) Applicant/Recipient Disclosure/Update Report (HUD-2880)

(5) Certification of Consistency with the Consolidated Plan (HUD-2991)

(6) Disclosure of Lobbying Activities (SF-LLL)

(B) HOPWA Certification Found at Appendix D of This Program Section of the NOFA

(1) Fair Housing and Non-discrimination

(2) Environmental Law and authorities

VII. Program Requirements

(A) *Nonprofit Organization Requirements.* To be eligible as grantee or project sponsor, you must satisfy the requirements of 24 CFR 574.3. Your application must establish both that you are a nonprofit organization and that your organizational documents include a purpose of significant activities related to providing services or housing to persons with HIV/AIDS.

If you do not qualify as a nonprofit organization, you are not eligible to receive funds and serve as the grantee or as a project sponsor. However, you may collaborate with eligible nonprofit organizations or with a government agency that applies for the grant and assist them, for example, in planning for the proposed activities, identifying needs in your community and identifying eligible persons who will be assisted. In addition, you may do work under contract with a grantee for services funded by this grant.

(1) We will accept as evidence of your nonprofit status:

(a) A copy of the Internal Revenue Service (IRS) ruling providing tax-exempt status under Section 501(c) (3), (4), (6), (7), (9) or (19) of the IRS code; or

(b) A ruling from the Treasury Department of the Commonwealth of Puerto Rico granting income tax exemption under section 101 of the Income Tax Act of 1954, as amended (13 LPRA 3101); or

(c) Documentation showing that the applicant is a certified United Way agency; or

(d) All of these:

(i) A certification by the appropriate official of the jurisdiction under whose laws the nonprofit was organized that your organization was so organized and is in good standing;

(ii) A certification from a designated official of the organization that no part of the net earnings of the organization inures to the benefit of any member, founder, contributor, or individual; that the organization has a voluntary board; and that the organization practices nondiscrimination in the provision of assistance; and

(iii) An opinion letter from a CPA that the nonprofit has a functioning accounting system that provides for each of these (the letter must mention all of them):

(1) Accurate, current, and complete disclosure of the financial results of each federally funded project;

(2) Records that identify adequately the source and application of funds for federally funded activities;

(3) Effective control over and accountability for all funds, property and other assets;

(4) Comparison of outlays with budget amounts;

(5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the use of funds for program purposes;

(6) Written procedures for the determining the reasonableness, allocability and allowability of costs; and

(7) Accounting records including cost accounting records that are supported by source documentation.

(2) We will accept as evidence of your purpose, a certified copy of the organization's articles of incorporation and by-laws which includes in the organization's purposes significant activities related to providing services or housing to persons with HIV/AIDS.

(B) *Performance Benchmark Requirements.* All grantees receiving funds under this Program Section are expected to meet the following benchmark requirements. If a selected project does not meet the appropriate performance benchmark, HUD reserves the right to cancel or withdraw the grant funds.

(1) *Execution of Grant Agreement.* Selected applicants must execute grant agreements by the earlier of September 25, 2004 or the first anniversary of HUD's announcement of the awards. HOPWA grants are obligated upon grant execution and the FY 2003 Consolidated Appropriations Resolution ("FY 2003 Appropriations Act") requires HUD to obligate funds by September 30, 2004.

(2) *Disbursement of Funds.* Grantees receiving awards under this Program Section should fully expend their grants no later than three years following the effective date of the grant agreement. The National Defense Authorization Act for Fiscal Year 1991 requires expenditure of all HOPWA funds awarded under the FY 2003 Appropriations Act by September 30, 2009. After September 30, 2009, any unexpended funds (whether obligated or unobligated) shall be canceled and, thereafter, shall not be available for obligation or expenditure for any purpose.

(3) *Site Control Through Acquisition or Lease.* If you acquire or lease a site, you are required to gain site control

within one year from the date your selection letter was signed by HUD.

(4) *Rehabilitation or New Construction.* If you propose to use HOPWA funds for rehabilitation or new construction activities, you must begin the rehabilitation or construction within 18 months, all rehabilitation or construction work must be complete within 3 years from the date your selection letter was signed by HUD.

(5) *Project Operations.* If funds are used for operating costs of existing housing facilities, these funds must be used within the three year use period for the operation of this award and such activities must start no later than 12 months from the date your selection letter was signed by HUD, and completed within 36 months from this date. If funds are to be used for operating costs, in connection with the new construction or substantial rehabilitation of housing facilities, the amount of funds designated for operating costs must be limited to the amount to be used during the portion of the three-year period for which the facility will be operational and assisting eligible persons. Delays in the project's development activities, such as the planned completion of the construction or rehabilitation activities, could result in the loss of funds designated for operating costs, if such funds remain in excess after the authorized use period for this award. For example, if your project expects to take two years to complete the rehabilitation of the facility, any operating costs could only be requested for use in the remaining one year of the three year operating period for this award.

(6) *Six-Month Report.* You must provide an initial report to the Field Office and HUD Headquarters on the startup of the planned activities within six months of your selection. Outline your accomplishments and identify any barriers or issues for which the Department may provide assistance.

(C) *Program Guidance.*

(1) *Program Operating Year.* Grants awarded through this Program Section must designate the 12-month operating year, which indicates the start and end dates of the term of the grant, at the signing of the grant agreement. The operating year may begin within four months of the signing of the grant agreement or as specified by HUD at the time of award. The operating period begins the day when participants begin to receive housing or supportive services, or for capital development activities at site control or the start of rehabilitation or new construction activities. The operating period is a 12-month period for which grantees report

annual accomplishments. Grantees are required to submit annual progress reports to HUD within 90 days following the end of each operating year.

(2) *Incorporation of Mainstream Resources.* To the extent possible, HUD encourages projects to incorporate mainstream resources into their project plans to maximize the benefit of requested HOPWA funds. Mainstream resources may include private, other public, and mainstream services and housing programs that provide benefits to eligible persons. Applicants are encouraged to create community wide strategies to coordinate assistance to eligible persons through these mainstream programs. These mainstream programs include Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funded through the Mental Health Block Grant and Substance Abuse Block Grant, Workforce Investment Act and the Welfare-to-Work grant program. Under each part of this Program Section, as an applicant, you may be asked to address how your project is incorporating mainstream programs to benefit eligible persons.

VIII. Other Requirements

(A) *Environmental Reviews.* All HOPWA assistance is subject to the National Environmental Policy Act and applicable related federal environmental authorities. In accordance with Section 856(h) of the AIDS Housing Opportunities Act, environmental reviews for HOPWA activities are to be completed by responsible entities (including units of general local government, states, Indian tribes, and Alaska Native villages) in accordance with 24 CFR part 58. Applicants or grantees that are not states or units of general local government must request the unit of general local government to perform the environmental review. This statutory provision supersedes the environmental provisions in the HOPWA regulation at 24 CFR 574.510. HOPWA grantees and project sponsors may not commit or expend any grant or nonfederal funds on project activities until HUD has approved a Request for Release of Funds and environmental certification from the responsible entity (other than those listed in 24 CFR 58.22(c), 58.34 or 58.35 (b)). The expenditure or commitment of HOPWA or nonfederal funds for such activities prior to this HUD approval may result in the denial of assistance for the project under consideration.

(B) *Affirmatively Furthering Fair Housing.* See Section V (D) of the

General Section of the SuperNOFA for the information on how to meet this requirement.

(C) *Local Resident Employment (Section 3 Requirements)*. For grants in excess of \$200,000, to the extent that grant funds are used for housing rehabilitation (including reduction and abatement of lead-based paint hazards, but excluding routine maintenance, repair, and replacement) or housing construction, then it is subject to Section 3 of the Housing and Urban Development Act of 1968 and the implementing regulations at 24 CFR part 135. Section 3 requires that economic opportunities shall, to the greatest extent feasible, be given to low- and very low-income persons, particularly those who are recipients of government assistance for housing, and to businesses that provide economic opportunities for these persons (also see Section V(E) of the General Section of the SuperNOFA).

IX. Authority

This program is authorized under the AIDS Housing Opportunity Act (42 U.S.C. 12901). The regulations for HOPWA are found at 24 CFR part 574.

Part B. Renewal Projects

HUD will consider applications under this part that are renewals of expiring HOPWA competitive grants whose primary purpose is the provision of permanent supportive housing.

I. General Policies on Renewal of Permanent Supportive Housing Grant—Purpose

Under the provisions of the FY 2003 Appropriations Act, the Secretary is required to renew qualifying expiring contracts for permanent supportive housing on a priority basis. Grants funded under prior HOPWA competitions that meet the stated eligibility requirements below and meet all program requirements will be given priority renewal by HUD. Applications will be reviewed on a pass/fail threshold review system and are not required to address the departmental policy priorities described in the General Section of the SuperNOFA. If you have an expiring grant, which is not for permanent supportive housing, you may apply for funding under Part D of this Program Section.

II. Eligibility of Applicants and Grants

To be eligible for priority renewal under this part, you must meet all of the following eligibility requirements:

(A) *Eligible Permanent Supportive Housing Grants*. To be eligible, your project must provide permanent

supportive housing to eligible persons. Permanent supportive housing is housing in which the eligible person has a continuous legal right to remain in the unit and which provides the eligible person on-going supportive services through qualified providers. HUD will consider a grant to be providing permanent supportive housing if 51% or more of HOPWA program activity funds are used: (1) To provide permanent housing where on-going supportive services are made available through other resources; or (2) to provide supportive services where permanent housing is provided through other resources. To establish eligibility, provide documentation of the following:

(1) *Certification of the Provision of Permanent Housing*. You must certify that at least 51% of the HOPWA program activity funds awarded to your grant were and are being used to provide permanent supportive housing to eligible persons. To determine whether your grant meets this test, use the Permanent Supportive Housing Worksheet found in Appendix A and submit it with your certification. The test is based on the HOPWA funded program activity costs approved in the original application or, as amended by HUD, excluding administrative costs and project outcome funding. To be counted, the grant funds must be used to provide the housing or to provide supportive services to eligible persons living in permanent housing.

(2) *Documentation of Other Resources*. If your project relies on other state, local, federal, or private resources to provide the permanent housing or supportive services portion of your project, you must demonstrate that the other resources will continue to be available for that purpose throughout the term of the renewal grant. The continuing assistance must have been documented within the original application to HUD and be used in conjunction with requested HOPWA funds. Evidence of continuing assistance must be provided, as follows:

(a) *Permanent Housing*. Permanent housing provided through other resources must be documented in the renewal application through a leveraging letter. The leveraging letter must outline the amount of funds for the housing to be provided, the term the funds will be made available, and be signed by the organization providing such housing or funding for the housing. See Part D, Section V, Rating Factor 4: Leveraging Resources, for acceptable leveraging letter examples.

(b) *Supportive Services*. Supportive services provided through other resources must be documented through

a commitment letter(s), which outline(s) the type of support that will be provided to eligible persons, the organizations providing such support, and the length of time such supportive services will be available. Supportive services must be available to eligible persons in permanent housing throughout the term of the renewal grant.

(3) *Evidence of Permanent Client Occupancy*. Except for funds used for short-term mortgage, rent and utility payments, you must show evidence that the client has a continuous legal right to remain in the unit or property and has access to on-going supportive services provided through qualified providers. You must include in your application a copy of the standard lease form used for residents of the project. It must be for a term of at least one year, be renewable by the tenant and may only be terminable by the landlord for cause.

(B) *Eligible Expiring Grant*. To be eligible, the HOPWA grant must be an expiring grant, which is defined as a grant that will not have sufficient funds to continue activities until September 30, 2004, if not awarded additional federal funds. The applicant must demonstrate to HUD that all funds awarded in the grant it seeks to renew will be expended within a three-year period (as measured by reimbursements filed with HUD under the financial system, PAS). HUD may deobligate any amount of HOPWA grants funds that have been renewed on this basis and have not been expended within three (3) years from the date of obligation.

(C) *Eligible Prior Grants*. To be eligible, prior grants must have been selected by HUD for funding under HUD's SuperNOFA process in 1999, 2000, or 2001 and must not have been renewed through a previous competition. Grants selected in 1998 were required to operate and complete activities before the end of fiscal year 2002. Grants funded in 1998 are not eligible for renewal, unless the grantee documents that HUD approved a grant extension of the project that would allow for its continued operations in the federal Fiscal Year 2003 or 2004.

(D) *Eligibility based on Achieving Measurable Progress*. To be eligible, prior grants must have operated with measurable progress, defined as not evidencing weak performance. Weak performance consists of sanctions or unresolved monitoring findings during the active competitive period, from the date of publication of this Program Section until the selection of applications, or other HUD knowledge of unresolved problems. Unresolved problems may include that planned activities remain delayed in their

implementation, a significant number of units are vacant, annual progress reports were not filed with HUD by the application due date under this Program Section for renewals, or significant citizen complaints are unresolved or not responded to with justified reasons. Weak performance is also evident if more than 50% of grant funds remain unexpended on the first day of the month in which the application due date for renewals under this Program Section falls (as measured by reimbursements filed with HUD's financial system, PAS).

(E) *Eligible Applicant for Renewals.* You are eligible to apply for renewal of a prior HOPWA grant only if you have executed a grant agreement for the project directly with HUD. Project sponsors are not eligible to apply for renewal grants. The application for renewal must be submitted by the grantee. HUD will reject applications submitted by ineligible applicants. If you have questions about your eligibility to apply, contact the local HUD field office.

(F) *Eligible Project Sponsors.* The project should also continue with the same project sponsors, as documented in the prior HOPWA application or amendments to that application as approved by HUD. HUD will consider the merits for changing a project sponsor if the new sponsor evidences the capacity to enhance project operations or improve responsiveness to eligible persons. Such examples for changing a project sponsor may be that a new project sponsor has greater capacity to conduct program activities or a prior project sponsor is no longer in operation or has merged with another entity.

(G) *Ineligible Grants and Projects.* You are ineligible if any of the following apply:

(1) *Expired Grants.* Your grant expired in federal Fiscal Year 2002 or earlier, *i.e.* all funds were expended (as measured by PAS) by September 30, 2002, or only a residual amount that is less than one percent of the amount of the prior grant remains, are not eligible to apply for renewal funding under this notice.

(2) *Prior Grants.* Your grant was awarded under the 1992–1996 HOPWA competitions. These grants were required to complete activities within three years of executing the grant agreement.

(3) *Non-Permanent Supportive Housing Projects.* Projects primarily offering short-term, transitional, or emergency housing options are not eligible. Applicants with existing HOPWA projects that do not qualify for priority renewal under this part, may

apply for continuing funding under Part D: New and Continuing Projects section of this Program Section.

III. Renewable Activities and Amount of Renewals

Eligible grants will receive renewal funding on approved eligible activities, as follows:

(A) *Eligible Renewal Activities.* The activities to be renewed must be on-going forms of support, such as rental assistance, short-term rent, mortgage and utility payments, operating costs for housing facilities, leasing of housing facilities, supportive service costs, housing information services, resource identification/technical assistance for community residences activities and administrative costs. Additionally, applicants must request up to \$50,000 in project outcome funding as a part of their renewal budget request.

(B) *Ineligible Renewal Activities.* Funds for acquisition, new construction or for rehabilitation costs will not be renewed. These capital development activities are not on-going or available for additional sites. If you wish to undertake additional capital development activities or to add funding for new activities, such as operating costs and services, you must apply under Part D.

(C) *Amount of Renewals.* Renewal projects may only request renewal funds for continuing a previously approved project at the same level of housing and/or services provided in the previous grant. Proposals to expand or significantly alter a funded-project must apply under Part D for the new activities or the expanded part of the project.

(D) *Project and Activity Funding.* Renewal funding must not exceed 120% of the amount originally awarded for an activity, but may be less than the amount originally awarded, including any amendments affecting this amount that were approved by HUD prior to the publication of this Program Section. However, the total activity costs may not exceed \$1,200,000. The limits on administrative costs, three (3) percent for grantees and seven (7) percent for project sponsors, continue to apply. In addition, renewal grantees must add up to \$50,000 to the renewal award for the purpose of the collection of data on program outcomes.

(E) *Annual Amounts.* As an applicant for renewal funding, you must specify the annual amount needed to continue each activity and specify the number of years, up to three, for your request by completing the HOPWA Renewal Budget Form (Appendix A). You should describe your plan for continued operations in the Executive Summary

section of your application, including any significant reduction to your prior award level.

IV. Selection Criteria and Process

(A) *Selection Process.* To the degree that funds are available, the Department will select for funding all renewal requests from applicants that meet program requirements and pass a threshold review for a need for renewal. In the case that the amount requested for renewal is less than the amount available under this notice, HUD will apply the remaining funds, first, to applicants under Part C and then, second, Part D. If the amount of the request for renewal activities is greater than the amount made available by this notice, HUD will select all of the approvable applications and allocate awards to each based on a pro rata reduction to the amount available under this notice to ensure that all eligible and performing renewal projects receive funding that allows their continued operation.

(B) *Selection Criteria.* HUD will conduct a threshold review of all renewal applications based on the following criteria:

(1) *Eligibility.* HUD will review your eligibility to apply for renewal funding under this program as described above under Part B, Section II of this Program Section, *Eligibility of Applicants and Grants.*

(2) *Organizational Capacity.* If a new project sponsor is added, HUD will review the project sponsor's capacity to conduct program activities.

(3) *Provision of Permanent Supportive Housing.* HUD will review whether your project provides permanent supportive housing.

(4) *Need for Renewal.* HUD will review your need for renewal, and how this project has operated with measurable progress, as described below in the *Need for Renewal Narrative.*

(5) *Standard Eligibility Threshold Requirements.* HUD will also review your application to ensure that your project meets the standard eligibility threshold requirements as described in Part A, Section III (A), above.

(C) *Application Contents.* Applicants are requested to submit the following information:

(1) *Application for Federal Assistance (Form HUD-424).* You should complete Items 1 through 23 with the following additions:

(a) Item 12—The applicable letters are “A” for state; “B, C, or D” for a unit of local government; or “N” for Nonprofit;

(b) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(c) Item 15—Enter 14–241 and the title “Housing Opportunities for Persons With AIDS Program” or “HOPWA” for the Catalog of Federal Domestic Assistance;

(d) Item 20—You must complete the budget on page 2 and the HOPWA Renewal Project Budget Form. Please make sure that both the Total Amount on page 2 and the “Total Budget” section on the HOPWA Renewal Project Budget Form are the same. In the event that the total budgets are in conflict, HUD will refer to the HOPWA Project Budget form.

(e) Item 21—Check “No”.

(2) *Executive Summary and Synopsis.* On no more than five (5) double spaced pages, please provide an Executive Summary of the renewal project, beginning with a two to three sentence synopsis of the focus of your project. In the Executive Summary, please provide the name of the grantee and any project sponsors, along with contact names, phone numbers, and e-mail address.

(3) *Narrative Statements.* Your application must include the following narrative statements:

(a) *Organizational Capacity Narrative.* If a new project sponsor(s) is added to the proposal, please describe the capacity of the project sponsor(s) to conduct program activities. Please provide this information on no more than two (2) double-spaced typed pages. If you are adding more than one project sponsor, you may add two (2) additional pages per project sponsor. Address the extent to which the project sponsor(s) have the organizational resources necessary to successfully implement your proposed activities in a timely manner. HUD will review the project sponsor’s ability to develop and operate your proposed program. With regard to new project sponsor(s), HUD will consider:

(i) Past experience and knowledge in serving persons with HIV/AIDS and their families;

(ii) Past experience and knowledge in programs similar to those proposed in your application;

(iii) Experience and knowledge in monitoring and evaluating program performance and disseminating information on project outcomes; and

(iv) Past experience as measured by expenditures and measurable progress in achieving the purpose for which funds were provided.

(b) In reviewing the elements of organizational capacity under paragraph (a), immediately above, HUD will consider the extent to which your proposal demonstrates:

(i) The knowledge and experience of the proposed project director and staff,

including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities for which you are requesting funds. The project sponsor will be reviewed in terms of recent, relevant, and successful experience of staff to undertake eligible program activities, including experience and knowledge in serving persons with HIV/AIDS and their families.

(ii) The project sponsor’s experience in managing complex interdisciplinary programs, especially those involving housing and community development programs directly relevant to the work activities proposed and carrying out grant management responsibilities.

(iii) If the project sponsor received funding in previous years in the program area for which you are currently seeking funding, the sponsor’s past experience will be reviewed in terms of its ability to attain demonstrated measurable progress in the implementation of the grant award. Measurable progress is defined as:

(1) Meeting performance benchmarks, as applicable, in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted was comparable to the number that was planned at the time of application;

(3) Submitting timely performance reports; and

(4) Expending prior funding as outlined in the prior proposal with no outstanding audit or monitoring issues.

(c) *Provision of Permanent Supportive Housing Narrative.* On no more than three (3) double-spaced pages, demonstrate how your project provides permanent supportive housing through HOPWA and other resources. Include the type of assistance and number of housing units being provided and a description of the supportive services provided. Additionally, your description should outline how HOPWA and other funding, if applicable, work together to provide permanent supportive housing. In addition, you must provide the following:

(i) *Certification of the Provision of Permanent Housing.* A certification, in the form provided in Appendix A, that at least 51% of the HOPWA funds awarded to the project were and will continue to be used to provide permanent supportive housing to eligible persons. To determine whether you can make this certification, complete the “Permanent Supportive Housing Worksheet” provided in Appendix A.

(ii) *Documentation of Other Resources.* If your project relies on other state, local, federal, or private resources to provide the housing or supportive services, you must document that such assistance will be provided throughout the term of the renewal grant. For information on acceptable forms of evidence, see Part B, Section II (A)(2).

(iii) *Evidence of Permanent Housing.* Except for funds used for short-term mortgage, rent and utility payments, you must provide a copy of the standard lease used for residents of the project. The lease must be for a term of at least one year, be renewable by the tenant and may be terminated by the landlord for cause.

(d) *Need for Renewal Narrative.* Please address the following on no more than three (3) double-spaced pages:

(i) *Measurable Progress.* Please demonstrate the need for renewal funding and how this project has operated with measurable progress. Measurable progress is defined as not failing or not evidencing weak performance in:

(1) Meeting performance benchmarks, as appropriate, in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted is comparable to the number that was planned at the time of the application;

(3) Submitting timely performance reports; and

(4) Expending over 50% of prior funding at the beginning of the month for the due date for renewals (as measured by reimbursements filed with HUD’s financial system, PAS.).

(ii) *Need for Renewal Chart.* Additionally, you should complete the HOPWA Need for Renewal Chart, which demonstrates that prior grant funds will expire by September 30, 2004. You must complete the HOPWA Need for Renewal Chart (Appendix A), as described below:

Line 1. Indicate the amount of the prior HOPWA award: _____

Line 2. Indicate the amount expended as of 9–30–02: _____

Line 3. Subtotal: subtract line 2 from line 1: _____

Line 4. Indicate the amount to be expended in FY2003: _____ (By September 30, 2003)

Line 5. Indicate the amount to be expended in FY2004: _____ (By September 30, 2004)

Line 6. Subtotal: subtract lines 4 and 5 from line 3: _____

Notes: If the subtotal on Line 6 is greater than zero, you are not eligible to apply for renewal funding under this notice. Also, note that continued use of prior funds may require

that you file an extension request with the area CPD Field Office. Further, if the subtotal on Line 3 is zero or a residual amount that is less than one percent of the amount on Line 1, you are not eligible to apply for renewal funding under this notice. In reviewing the information that you provide in this chart, HUD will determine your eligibility for renewal funding based on financial records for reimbursement of expenditures that are filed under HUD's financial system (PAS).

(4) **HOPWA Renewal Budget.** Please complete the HOPWA Renewal Budget Form (Appendix A). See Part B, Section III, *Renewable Activities and Amount of Renewals*, for details on renewal funding.

(5) **HOPWA Renewal Project Form (Appendix A).** Complete the form including the following:

(a) **Project Sponsor.** You must identify any organization that will receive HOPWA funds as a project sponsor and the amount of funds to be received.

(b) **Non-profit Status.** If not previously submitted to HUD through the prior HOPWA application or if a change occurred in non-profit status, non-profit grantees or project sponsors must submit documentation verifying your non-profit status, as outlined under Part A, Section VII (A).

(c) **Service Areas.** Your application must identify the area(s) in which you are proposing to offer housing and other assistance.

(6) **Statutory Certifications.** The renewal application should include the required certifications as described under Part A, Section VI, *Statutory Certifications*. After your entire application is assembled, please mark each exhibit with an appropriately numbered tab and number every page of the application sequentially. Complete the HOPWA Renewal Application Checklist found in Appendix A to this Program Section of the SuperNOFA. Attach the HOPWA Renewal Application Checklist to the front of your application.

V. Additional Renewal Information

As an applicant of renewal funding, you are encouraged to read Part A: General Program Requirements at the beginning of this Program Section. This section outlines submission details, technical assistance, and statutory requirements for using HOPWA funds.

PART C: FEDERAL COLLABORATION WITH CDC TO STUDY THE CONNECTION OF HOUSING AND HIV

I. Purpose

This notice implements an initiative by the Department of Housing and Urban Development (HUD) and the

Centers for Disease Control and Prevention (CDC), Study the Connection of Housing and HIV. The study will provide scientific insight into the housing and medical challenges of persons who are living with HIV/AIDS who are unstably housed. Under Part C of the HOPWA program notice, HUD is establishing our part of the collaboration with the CDC in a competitive award for Special Projects of National Significance (SPNS). Due to its innovative nature and potential for replication, the study is likely to serve as an effective model for analyzing the impact of tenant-based rental assistance on the progression of HIV disease in eligible persons that are homeless or unstably housed.

HUD's Office of Community Planning and Development, Office of HIV/AIDS Housing, and Office of Policy Development and Research will work with the Centers for Disease Control and Prevention, National Center for HIV/SDT/TB Prevention, Division of HIV/AIDS Prevention, on this research. The effort will study the effects of stable housing on the progression of HIV disease for persons with HIV/AIDS as well as its effects on the prevention of HIV infection on similar socio-economic populations. HUD and the CDC propose to coordinate the evaluation of project grants under HUD's Housing Opportunities for Persons With AIDS (HOPWA) Program and the CDC's HIV Prevention programs. Over a three-year period, the collaboration will systematically test the impact of providing housing for eligible persons on HIV risk behavior among HIV affected individuals. It will also test the impact of housing and prevention services on HIV negative family members residing with the HOPWA eligible persons as against an unhoused comparison group. The comparison group will receive referrals to case management and HIV prevention intervention funded by CDC or through access to related health care programs that provide HIV prevention services, treatment adherence programs and periodic health assessments, including the use of blood draws to measure HIV health status. Protocols for these activities and information on required client consent for participation will be available from CDC. Personal information on study participants will remain confidential, although related nonpersonal aggregated data will be used as part of the study. Study participants will not be subject to any experimental treatments under this study. A cost-benefit analysis will comprise one new and important aspect of the research.

HUD expects that the housing assistance provided to the participating eligible persons in this grant will be coordinated with resources from other sources, including the use of HOPWA formula and competitive projects or other federal, state and local, private funds, in conjunction with related health-care and other supportive services funded under the Ryan White CARE Act. Given the amount of housing assistance funds available under this award, HUD encouraged interested applicants to fund supportive services activities from non-HOPWA sources.

II. Eligible Applicants

To apply, you must:

- (A) Be a formula grantee;
- (B) be in good standing, as defined below at Section V(A)(2);
- (C) at the time of application and for a minimum period of two years prior, have administered formula funds for tenant-based rental assistance in compliance with 24 CFR 574.320;
- (D) have an unmet housing need of at least 500 eligible persons and at least 187 housing units available for those eligible persons within your jurisdiction; and
- (E) be able to provide a comparison group of at least 187 unhoused eligible persons for the CDC study throughout the study period. Note that members of the comparison group may not be required to remain unhoused in order to participate in this study. Comparison group members will be eligible to receive housing or supportive services as they become available within the jurisdiction.

III. Study Requirements

HUD has established the following requirements:

- (A) Housing placement will be carried out via an open enrollment method (e.g. lottery or random election process).
- (B) Under the supervision of the CDC or its contractor, grantees will facilitate and support collection of extensive outcome evaluation data, facilitate client involvement in HIV/AIDS prevention and treatment adherence programs, facilitate periodic client health assessment done by the CDC and research staff, participate in a multi-site collaboration, and facilitate eligible persons' awareness of the study and the option to participate for the clients who meet the research study eligibility criteria. In connection with any data collection activities, grantees will be required to obtain the eligible person's consent before disclosing to the CDC or its contractor any personally identifiable information about the person, including,

but not limited to, medical, financial, or educational information.

(C) Study participants will be limited to HOPWA eligible persons who are homeless or at severe risk of homelessness. For the purpose of this study, "homeless" refers to eligible persons who are sleeping in emergency shelters or other facilities for homeless persons, or places not meant for human habitation, such as cars, parks, sidewalks, or abandoned buildings. This term also includes eligible persons who ordinarily live in such places but are in a hospital, or other institution on a short-term basis (30 consecutive days or less). For the purpose of this study, "at severe risk of homelessness" refers to eligible persons who are frequently relocated or who move between temporary housing situations, so that housing is neither appropriate nor stable.

(D) The applicant must either provide appropriate supportive services in connection with the rental assistance or ensure that appropriate services are provided from other sources.

(E) All persons receiving rental assistance under Part C will be advised that such rental assistance is connected to participation in the CDC study, and will be required to consent to such participation prior to receiving rental assistance. Participation in the CDC study will be voluntary. Refusal to participate in the CDC study will not affect a person's eligibility to receive housing or supportive services, as they may become available, under the grantee's HOPWA formula grant. Eligible persons may also apply for other available housing outside that provided under Part C.

IV. HUD Award

HUD will award:

(A) Up to \$1,200,000 for tenant-based rental assistance and supportive services (with at least \$800,000 to be used for long-term rental assistance);

(B) Up to three (3) percent of your total award for grantee administrative cost; and

(C) Up to seven (7) percent of the amount each project sponsor receives for project sponsor administrative cost.

HUD will not award funds for project-based rental assistance, new construction, acquisition, rehabilitation or conversion, lease or repair of facilities, short-term rent, mortgage and utility assistance, resource identification, operating costs, local evaluations or technical assistance.

V. Application Selection Process

(A) Threshold Review.

The Department will conduct a threshold review of all applicants requesting funding under Part C. Applicants failing to meet the threshold review requirements will not be awarded project funding. Threshold review will consist of:

(1) *Eligibility*. You must be a HOPWA formula grantee.

(2) *Good Standing Review*. You must have no sanctions or unresolved monitoring findings during the active competitive period, from the date of this notice until the selection of grants, or other HUD knowledge of unresolved problems. Unresolved problems include that planned activities remain delayed in their implementation, a significant number of units are vacant, annual performance reports were not filed with HUD at the time of the due date for applications, or significant citizen complaints are unresolved or not responded to with justified reasons. Grants in default of the grant agreement or with unresolved management issues will not be awarded project funding.

(B) Application Selection Process and Procedures for the Rating of Applications.

HUD will rate all of the applications based on the factors listed below. The points awarded for the factors total 100. After rating, all applications will be placed in the rank order of their final score for selection.

Rating Factor 1: Capacity of the Applicant and Project Sponsors and Relevant Organizational Experience (30 Points)

You will be rated on the extent to which you and any project sponsor have the organizational resources necessary to successfully implement the proposed project over the three years of the project. HUD will award up to 30 points based on your and any project sponsor's ability to operate the proposed program. These activities include providing rental assistance for HOPWA eligible persons with appropriate management oversight, and that will provide adequate coordination with the planned study by the CDC over the three-year time period of this grant. Identify all relevant experience in undertaking projects similar to the HOPWA funded activities involved in this study.

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

Up to 20 points will be awarded for this factor. Applicants must assure HUD that there are documented unmet housing needs of at least 500 HOPWA eligible individuals for rental assistance in this area. Applicants must demonstrate that with the rental assistance provided in this

demonstration project and other related resources, the area housing market can provide available units for at least 187 new HOPWA eligible persons to be enrolled in the study and that a waiting list or comparison group of at least an equal number of persons with unmet housing needs is likely to continue in the area during the study period.

To receive the maximum points, the applicant must demonstrate that substantial housing and related service needs of eligible persons targeted by the project you propose are not being met in your area of service and that reliable statistics and data sources (i.e. Census, health department statistics, research, scientific studies, along with Needs Analysis of Consolidated Plan and/or Continuum of Care documentation) show this unmet need.

Rating Factor 3: Soundness of Approach (20 Points)

This factor addresses the method by which your plan for housing, client outreach and selection, project management and data collection is consistent with the identified elements of the study. HUD will award up to 20 points based on the extent to which your plan evidences a sound approach for conducting the HOPWA activities in a manner that is responsive to eligible persons, and that your plan for project coordination will ensure that the housing component of this study are implemented in a clear and sound manner when compared to other applications.

You will be rated based on how well you will conduct outreach to unmet homeless or unstably housed persons who have a severe risk of homelessness and are living with HIV/AIDS. You will be rated on the extent to which you have coordinated your activities and the activities of your sponsors with other organizations to provide rental assistance in connection with access to appropriate health care and other supportive services for likely participants in this study. The highest rated applications will define a clear collaborative effort that you and your sponsors have taken with related programs including coordination with eligible persons, advocates, HOPWA and/or Ryan White CARE Act planning bodies, AIDS Drug Assistance Programs, homeless assistance programs, or other mainstream housing, health and human services efforts that assist persons living with HIV/AIDS and their families.

You will be rated on how well your management plan for this study clearly defines how you would manage the rental assistance and any related activities and the outreach and

placement of eligible persons for this study using some type of open enrollment method (e.g., lottery or random method). You will also be rated on how well you will manage your housing assistance program in coordination with the research efforts by the CDC to help achieve the objectives of this study. You will be rated on how your management oversight of project sponsors is conducted and how well your plan to ensure that the requirements established by HUD and the CDC are followed.

Factor 4: Leveraging Resources (10 Points).

Up to 10 points will be awarded for this factor. You will be rated on the extent to which other resources will be committed for use in conjunction with these HOPWA funded demonstration activities, including cash resources and in-kind contributions, such as the value of services or materials provided by volunteers or by other individuals or organizations.

Factor 5: Achieving Results and Program Evaluation (20 Points).

Under this factor, HUD will award 20 points based on how well your application demonstrates a commitment to ensuring that your goals and your performance will be assessed in a clear and effective manner. HUD will analyze your plan to implement and manage the HUD/CDC demonstration project goals. These goals include: Facilitating and supporting the collection of outcome evaluation data; facilitating periodic client health assessments done by CDC research staff; participation in a multi-site collaboration; and facilitation of the potential eligible persons awareness of the study and their option to participate. Identify benchmarks and interim activities or performance indicators of your program that will facilitate you and your sponsors in obtaining these goals for the demonstration project. HUD will award the highest points to applications that demonstrate an evaluation plan that will objectively measure actual achievements against anticipated achievements and a model that provides for the dissemination of information from the lessons learned from your effort on this project.

VI. Selection

HUD reserves the right to select the highest rated applicants in ranking order. HUD may consult the CDC to determine the rating of applications. In the event of a tie between applications in a category of assistance, HUD reserves the right to break the tie based on the criteria found in Section V(C) of

Part D of this NOFA. In the event that a selected applicant is unable to provide the required number of eligible households to participate in the CDC study within one year from the date of grant agreement execution, HUD reserves the right to deobligate any remaining grant funds.

VII. Application

To apply for funding you must submit the following:

(A) *Application for Federal Assistance (Form HUD-424)*. You should complete Items 1 through 23 with the following additions:

(1) Item 12—The applicable letters are “A” for state; “B, C, or D” for a unit of local government;

(2) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(3) Item 15—Enter 14-241 and the title “Housing Opportunities for Persons With AIDS Program” or “HOPWA” for the Catalog of Federal Domestic Assistance;

(4) Item 20—You must complete the budget Funding Matrix on page 2.

(5) Item 21—Check “No”.

(B) *Narrative of Rating Factors*. Your response to the five (5) rating factors must be doubled-spaced, typed pages no more than approximately twenty-five pages in length.

(C) *Executive Summary and Synopsis*. On no more than three (3) double-spaced pages, please provide an Executive Summary of your organization and provide the name of the grantee and any project sponsors, along with contact names, phone numbers, and e-mail address.

Part D: New and Continuing Projects

I. Program Purpose

Funds under this part are to be used to support the Department’s national goal of increasing the availability of decent, safe, and affordable housing in American communities. The statutory purpose of the HOPWA program is meeting the housing needs of low-income persons with HIV/AIDS and their families. Projects selected for HOPWA awards will be funded to provide housing and related supportive services for eligible persons under two categories of assistance:

(A) Grants for Special Projects of National Significance (SPNS) that, due to their innovative nature or their potential for replication, are likely to serve as effective models in addressing the housing and related supportive service needs of low-income persons living with HIV/AIDS and their families; and

(B) Grants for projects that are part of Long-Term Comprehensive Strategies (Long-Term) which provide housing and related supportive services for low-income persons living with HIV/AIDS and their families in areas that are not eligible for HOPWA FY 2003 formula allocations found in Appendix C of this Program Section of this SuperNOFA.

II. Eligible Applicants and Activities

(A) Eligible Applicants and Project Sponsors

(1) States, units of general local government, and nonprofit organizations may apply for SPNS grants;

(2) States and units of general local government may apply for grants for projects under the Long-Term category of grants, if proposed activities will serve areas that were not eligible to receive HOPWA formula allocations in Fiscal Year 2003. Nonprofit organizations are not eligible to apply directly for the Long-Term grants, but may serve as a project sponsor for an eligible state or local government grantee.

(3) You must identify your project sponsors in your application. Project sponsors cannot be identified at a later date through such processes as an RFP or other selection process.

(B) Eligible Activities

(1) *HOPWA Activities*. Eligible activities with their standards and limitations may be found in the HOPWA regulations at 24 CFR part 574. A copy of the regulations may be downloaded from the HUD Web site at <http://www.hud.gov>. You are encouraged to review the HOPWA regulations before seeking funding.

(2) Additional Guidance on Use of Program Funds.

(a) *Housing Assistance*. To receive the maximum points under the rating criteria, your project must clearly address the housing needs of eligible persons. If you are proposing emergency or transitional housing assistance, your plan should include linkages to or the provision of permanent supportive housing.

(b) *Supportive Services*. Many of the eligible persons who will be served by HOPWA may need services in addition to housing. It is important that you design programs which enhance access to those needed services, including access to health-care, AIDS drug assistance, and other services funded through the Ryan White CARE Act or other federal, state, local or private funds. While HUD recognizes that there are many ways to ensure that eligible

persons receive the services they need, to the extent possible, HUD encourages you to develop housing programs which do not require participation in services as a part of your or your project sponsor's tenancy requirements. Further, to help ensure that selected projects address housing related purposes, no more than 35 percent of the proposed budget for program activities can be designated for supportive services costs.

(c) *Resource identification.* HUD will not select under this notice an application that is solely directed at providing resource identification activities, since national HOPWA technical assistance funds are being made available under the Community Development Technical Assistance (CDTA) part of this Program Section for this purpose. You may propose a resource identification or technical assistance component in your application, if the amount of funds designated for these activities are less than 20 percent of the proposed program activity costs.

(d) *Other Activities.* As authorized by statute, you may propose other activities in your application, if approved by HUD. HUD will not approve proposals that depend on future decisions on how funds are to be used, for example, a proposal to establish a local request-for-proposal process to select activities or project sponsors.

(e) *Project Outcome Funding.* You must request funding to conduct data collection on project outcomes. The budget provides that up to \$50,000 may be added to collect information and report to HUD on the outcomes of your service delivery model. You must propose data collection activities in your application. Project outcome activities include:

(i) Defining monitoring questions that will be addressed and examined during the project period;

(ii) Specifying outcome measures;

(iii) Developing instruments to assess project outcomes and systems outcomes;

(iv) Training project staff in the collection of data, including the preparation of the standard HOPWA Annual Progress Report to HUD;

(v) Monitoring data collection activities to assure that submissions are complete and accurate, including data coding and entry;

(vi) Summarizing data collected; and

(vii) Participating in HUD-sponsored collaborations and HUD-designated training events in order to prepare and disseminate the findings of reports on project accomplishments and lessons learned.

Applicants may include an expert third-party to conduct project outcome activities, but grantees are encouraged to train staff internally. Such training will increase the internal capacity of your organization and your partner organizations by learning how to make use of project outcome data in operating and adjusting assistance provided to eligible persons.

(3) *Maximum Grant Amounts.* The maximum amount that you may receive is \$1,200,000 for program activities (e.g., activities that directly benefit eligible persons), irrespective of the number of applications that you submit. You may also add-on up to 3 percent of this program activities amount for grantee administrative costs and, if your program involves project sponsors, add-on up to 7 percent of the amount they receive for their administrative costs. In addition, you must add up to \$50,000 for project outcome activities.

III. Policy Priorities

(A) *Departmental Policy Priorities.* As outlined in Section II of the General Section of the SuperNOFA, HUD has identified policy priorities that applicants are encouraged to address through the proposed plans. HUD has identified two Departmental policy priorities as being applicable to the HOPWA program. Applications for HOPWA funding will receive a rating point for each applicable Departmental policy priority initiative addressed through the proposed program activities and performance goals and objectives. Applicants must demonstrate how these priorities will be addressed through the Soundness of Approach Section of the application as outlined under Rating Factor 3. One Rating Point will be awarded to each of the following addressed priorities:

(1) In accordance with Section II (C) of the General Section of the SuperNOFA, for applicants seeking HOPWA funds for capital development activities, including rehabilitation or new construction, you are encouraged to:

(a) Institute visitability standards in these activities undertaken with HOPWA funds. Visitability standards allow a person with mobility impairments access into the home, but do not require that all features be made accessible.

(b) Incorporate universal design in the construction or rehabilitation of housing undertaken with HOPWA funds. Universal design provides housing that is usable by all without the need for adaptation or specialized design.

(2) For applications in which the grantee, project sponsor(s), or other

collaborating organizations meets the definition of a faith-based, other community-based, or grassroots organization as defined in Section II (D) of the General Section of the SuperNOFA.

(B) *Program Policies—Target Populations.* The Department has been advised by persons living with HIV/AIDS, HIV/AIDS housing providers, and national organizations, of the continuing disparity in accessing housing, health-care, and HIV/AIDS treatment among underserved populations, as well as health-related disparities that result from limited access to health-care, treatment and other support for persons living with HIV/AIDS. Applications seeking to provide housing assistance and related supportive services to one or more of the following underserved populations will receive one point for each priority addressed in the application. To receive this consideration, you must demonstrate the need of the special population in your area under the Need/Extent of the Problem section of your application as outlined under Rating Factor 2, as well as, demonstrate your response to this need under the Soundness of Approach section of your application as outlined under Rating Factor 3.

HUD reserves the right to select the highest rated application (but not one that is rated at less than 75 points) that demonstrates that the planned HOPWA activities and activities supported by leveraged funds, will serve one of the following special populations of HOPWA eligible persons. If funds are insufficient to select one of each of these two special demonstration grants, HUD's selection priority will be in the order listed:

(1) *Persons with HIV/AIDS and their families who are living in the Colonias.* Primarily the southwest border area of the United States, the Colonias are home to persons living in extreme poverty and poor housing conditions. With the limited access to HIV/AIDS housing, services, healthcare, and treatment, persons living with HIV in the Colonias do not receive the necessary care and treatment. HUD is encouraging applications that strive to meet the needs of eligible persons living in the Colonias. Applicants seeking funding to serve persons with HIV/AIDS within the Colonias must propose a service area which meets the definition of Colonias found in the General Section II (E) of the SuperNOFA.

(2) *Persons with HIV/AIDS experiencing chronic homelessness.* A chronically homeless person is defined as: "an unaccompanied homeless individual with a disabling condition

who has either been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years." Persons who are infected with HIV are more likely to be able to follow complex treatment regimens if they have a reliable address where they can be reached by care providers, a safe place to keep medications, refrigeration for drugs that require it, and other necessities that many of us take for granted. HUD is encouraging applications that strive to create additional permanent housing for persons living with HIV/AIDS that are experiencing chronic homelessness. Applicants should work with their local Continuum of Care Plans to create this permanent housing for persons living with HIV/AIDS and their families.

IV. Program Requirements

(A) *Performance Measures and Project Goals and Objectives.* You must use HUD's required performance measures, as detailed below, that will show your accomplishments in using HOPWA funds to expand the housing options that benefit eligible persons. You must also establish individual goals and objectives for your proposal. They should be specific, achievable and measured within set time periods. Your individual goals and objectives should result in possible findings on the successes and lessons learned in undertaking your activities that would be shared with other communities. In designing your proposal, please use the following:

(1) *Required HOPWA national performance goal.* Your proposed activities must increase the amount of housing assistance available to eligible persons to enable them to achieve housing stability and access to health-care and related supportive services. Your activities should also address the challenge of homelessness for person living with HIV/AIDS and their families by helping them move into permanent housing and strengthen community linkages for HOPWA eligible persons and their families to keep them from slipping back into homelessness (one extra priority point will be awarded—see above—Section III (B)).

(2) *Measurements of Performance.* After each year of operation, you must report on the number of housing units that were provided with HOPWA and other funding, and the number of additional persons served with related supportive services. HUD will measure your progress and achievements in evaluating your performance on your HOPWA grant.

(B) *Descriptive Budget.* You must provide a description of each of your

requested budget items and how the funds will be used, including each amount of requested funding for you and your project sponsors, and a description of how each line item will relate to eligible HOPWA activities as defined in Part D, Section II (B) of this Program Section. You are expected to match requested funds to specific goals and objectives in your project. See Appendix D.

V. Application Selection Process

(A) *HOPWA Application Threshold Reviews.* HUD will review your HOPWA application to ensure that:

(1) Your application meets the threshold requirements found in Section V (B) of the General Section of the SuperNOFA.

(2) Your application contains all required certifications as outlined in Part A, Section VI (A) of this Program Section: *Forms, Certifications, and Assurances.*

(B) *Procedures for the Rating of Applications.* HUD will rate all HOPWA applications based on the factors listed below.

The points awarded for the factors total 100. In addition, bonus points for projects in RC/EZ/EC areas may be available under Section VI (C) of the General Section of this SuperNOFA. After rating, all applications will be placed in the rank order of their final score for selection within the appropriate category of assistance.

Rating Factor 1: Capacity of the Applicant and Project Sponsors and Relevant Organizational Experience (20 Points)

Address the following factor on not more than five (5) double-spaced, typed pages. For each project sponsor, you may add two additional pages. This factor addresses the extent to which you and any project sponsor have the organizational resources necessary to successfully implement your proposed activities in a timely manner. If you will be using project sponsor(s) in your project, you must identify each project sponsor in your application. HUD will award up to 20 points based on your and any project sponsor's ability to develop and operate your proposed program in relation to which entity is carrying out an activity.

(a) With regard to both you and any project sponsor(s), HUD will consider:

(i) Past experience and knowledge in serving persons with HIV/AIDS and their families;

(ii) Past experience and knowledge in programs similar to those proposed in your application;

(iii) Experience and knowledge in monitoring and evaluating program performance and disseminating information on project outcomes; and

(iv) Past experience as measured by expenditures and measurable progress in achieving the purpose for which funds were provided.

(b) In reviewing the elements of paragraph (1), HUD will consider:

(i) The knowledge and experience of the proposed project director and staff, including the day-to-day program manager, consultants, and contractors in planning and managing the kind of activities for which you are requesting funds. You and any project sponsor will be judged in terms of recent, relevant, and successful experience of staff in undertaking eligible program activities;

(ii) Your and/or the project sponsor's experience in managing complex interdisciplinary programs, especially those involving housing and community development programs directly relevant to the work activities proposed and carrying out grant management responsibilities.

(iii) If you and/or the project sponsor received funding in previous years in the program area for which you are currently seeking funding, you and your project sponsor's past experience will be evaluated in terms of the ability to attain demonstrated measurable progress in the implementation of your grant awards. Measurable progress is defined as:

(1) Meeting applicable performance benchmarks in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted was comparable to the number that was planned at the time of application;

(3) Submitting timely performance reports; and

(4) Expending prior funding as outlined in the prior proposal with no outstanding audit or monitoring issues.

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

Address this factor on not more than five (5) double-spaced, typed pages. Up to 20 points will be awarded for this factor.

(a) *AIDS Cases. (5 Points)* Up to five points will be determined by the relative numbers of AIDS cases and per capita AIDS incidence within your service area, in metropolitan areas of over 500,000 population and in areas of a state outside of these metropolitan areas, in the state for proposals involving state-wide activities, and in the nation for proposals involving nation-wide activities. Your application

must define a planned service area. To determine these points, HUD will obtain AIDS surveillance information from the Director of the Centers for Disease Control and Prevention.

(b) Description of Unmet Need. (5 Points) Up to five points will be awarded based on demonstration of need for funding eligible activities in the area to be served. To receive the maximum points, demonstrate that substantial housing and related service needs of eligible persons and/or the target population, as outlined in Part D, Section III (B), are not being met in the project area and that reliable statistics and data sources (*i.e.* Census, health department statistics, research, scientific studies, and Needs Analysis of Consolidated Plan and/or Continuum of Care documentation) show this unmet need. To receive the maximum points, show that your jurisdiction's Consolidated Plan and Analysis of Impediments to Fair Housing Choice, Continuum of Care Homeless Assistance plans (if homeless persons are to be served), and comprehensive HIV/AIDS housing plans are applicable to your project and identify the level of the problem and the urgency of the need.

(i) If you apply for a SPNS grant, you must describe a need that is not currently addressed by other projects or programs in the area. Also describe any unresolved or emerging issues and the need to provide new or alternative forms of assistance that, if provided, would enhance your area's programs for housing and related care for persons living with HIV/AIDS and their families; or

(ii) If you apply for a project that is part of a Long-Term Comprehensive Strategy in an area that does not receive a HOPWA formula allocation, you must describe the need that is not currently addressed by other projects or programs in the area. You must also describe any unresolved or emerging issues and/or the need to provide forms of assistance that enhance the community's strategy for providing housing and related services to eligible persons.

(iii) HUD will evaluate your presentation of statistics and data sources based on soundness, reliability, and the specificity of information to the target population and the area to be served. If you propose to serve a subpopulation of eligible persons on the basis that these persons have been traditionally and are currently underserved (*e.g.*, persons with multiple disabilities including AIDS), your application must document the need for this targeted effort through statistics and data sources that support the need of this population in your service area.

(c) Need in Non-Formula Areas and Need for Renewals. (5 Points)

Under this criterion, HUD will award points under the following two circumstances:

(i) Five points will be awarded if your SPNS application proposes to serve eligible persons in an area that does not qualify for HOPWA formula allocation; or

(ii) Up to five points will be awarded, if you propose to continue the operations of HOPWA funded activities that have been supported by HOPWA competitive funds in years immediately prior to this application and that have operated with measurable success. To receive the maximum points, you must describe what unmet need would result if funding for the project was not renewed from this federal funding and describe your efforts to secure other sources of funding to continue this project. You must also show that you operated with measurable progress and your previous HOPWA-funded activities have been carried out and are nearing completion of the planned activities in a timely manner. Measurable progress is defined as:

(1) Meeting performance benchmarks, as appropriate, in program development and operation;

(2) Meeting project goals and objectives, such as, that the number of persons assisted is comparable to the number that was planned at the time of application;

(3) Submitting timely performance reports; and

(4) Expending 50% of prior funding by the application due date of this Program Section of the SuperNOFA.

(d) Highest Rated in a State or the Nation (for nationwide activities).

(5 Points) After rating of all other factors, HUD will award five points to help achieve greater geographic diversity in funding activities within a variety of states. Under this criterion, five points will be awarded to the highest rated SPNS and Long-Term applications in each state and to the highest rated SPNS application among the applications that propose nationwide activities.

Rating Factor 3: Soundness of Approach: Model Qualities and Responsiveness/Coordination/Sustainability (40 Points)

Address this factor on not more than twenty (20) double-spaced, typed pages. Include the HOPWA Budget Forms found in Appendix D. This factor addresses the method by which your plan meets your identified needs. HUD will award up to 40 points based on the extent to which your plan evidences a

sound approach for conducting the HOPWA activities in a manner that is responsive to the needs of eligible persons and that your plan for project coordination, and its sustainability after the period of the award, will offer model qualities in providing supportive housing opportunities for eligible persons, when compared to other applications and projects funded under previous HOPWA competitions.

(a) Responsiveness/Coordination/Sustainability (20 Points). HUD will award up to 20 points (Responsiveness—10 Points, Coordination—5 Points, and Sustainability—5 Points) based on how well your project plans respond to the unmet needs in housing and related supportive services for the eligible population, including target populations outlined under Part D, Section III. You should demonstrate the extent to which you have coordinated your activities and the activities of your project sponsors with other organizations that are not directly participating in your proposed work activities. This involves organizations with which you share common goals and objectives in assisting eligible persons. You must demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on federal funding and relying more on state, local, and private funding so your activities can be continued after your grant award period is completed. In order to ensure that resources are used to their maximum effect within the community, it is important that you demonstrate involvement in other state, local, and private funding arenas.

(i) *Responsiveness (10 Points)*. To receive the highest ratings in this element your application must address:

- The projected number of persons to be served through each activity for each year of your program;
- The projected number of housing units, by type, to be provided through your project, by year, over a 3-year period; and
- The specific organizations that will provide housing, supportive services, or other activities either through an agreement with your organization or through funding from your project.

Include a description of the roles, and responsibilities of your project sponsors and/or other organizations within your project plan and how these will be coordinated in conducting eligible activities. To receive the maximum points for your project plan, you must explain and describe the eligible activities you or your project sponsor intend to conduct, where these activities

will take place (either on site or at another location), and how those activities will benefit eligible persons. Please describe:

(1) *Housing Activities*. You must demonstrate how the housing needs of eligible persons will be addressed through one or more of the HOPWA eligible activities or through other resources and how such activities are coordinated with other housing assistance. Your plan for housing assistance must include:

(a) *Linkage to or the provision of permanent supportive housing*. You must describe how eligible persons will access permanent housing options through your project or through specific commitments or other sustainable linkages with other community housing providers, even if the focus of your project is emergency or transitional assistance.

(b) *Description of housing site*. You must describe any appropriate site features, including accessibility, visitability, and access to other community amenities associated with your project.

(c) *A development and operations plan*. You must describe a development and/or operations plan for the housing assistance you are proposing to provide. For rental assistance programs, this will include your plan for providing rental assistance, proposed housing sites, and length of stay. If you are proposing to use HOPWA funds for acquisition, rehabilitation, or new construction activities, your plan must also document that you have secured funding sources (if applicable), identified a site(s), and must provide rehabilitation/construction timelines.

(d) *Operational Procedures*. Describe your outreach, intake, and assessment procedures, as well as how eligible persons will receive housing support with access to medical care and other supportive services. Describe the use of housing being funded from other sources, and how your project provides for on-going assessments of the benefits received by eligible persons. Include a description of how a client moves through the housing program from outreach, intake, client assessment, the delivery of housing services, the use of emergency, transitional or permanent housing, and, if appropriate, the outplacement to more self-sufficient independent housing.

(2) *Supportive Services Activities*. You must describe how the supportive service needs of eligible persons will be addressed from HOPWA or other sources by describing the type of supportive services that will be offered directly by the program and/or how

services will be accessed and coordinated from other sources. Explain the connection of these services in helping eligible persons obtain and/or maintain housing. You are reminded that supportive service costs may represent no more than 35 percent of your program activity costs. In describing your supportive services delivery plan explain:

(a) How eligible persons will have access to mainstream programs that offer healthcare and other supportive services, as discussed in Part A, Section VII (C);

(b) How eligible persons will participate in decision making in the project operations and management;

(c) Your plan for delivering supportive services through a comprehensive plan that shows how eligible persons access medical care and other supportive services to address their needs.

(3) *Additional Activities*. You must describe your plan for utilizing other requested HOPWA funds (described at 24 CFR 574.300(b)). Explain how these activities will be integrated into your overall plan in the provision of housing and related supportive services to eligible persons.

(4) *Other Activities*. As authorized by statute and in addition to the activities at 24 CFR 574.300(b), you may propose other activities in your application, if approved by HUD. You must describe the reason of the other activities and the benefits likely to occur if authorized.

(ii) *Coordination (5 Points)*. You should demonstrate the extent to which you have coordinated your activities and the activities of your project sponsors with other organizations that are not directly participating in your proposed work activities. This involves organizations for which you share common goals and objectives. You will be rated on the extent to which you demonstrate you have:

(1) Coordinated your proposed activities with those of other groups or organizations within the community or region prior to submission, to best complement, support, and coordinate all housing and supportive service activities;

(2) Developed your project through consultation with other organizations, groups, or consumers involved with area HIV/AIDS housing and service planning, including planning under the Ryan White CARE Act and other federal planning. The highest rated applicant will demonstrate that the project is integrated with HUD's planning processes, such as the jurisdiction's Consolidated Planning process or the community's Continuum of Care

Homeless Assistance planning process (if homeless persons are to be served by proposed activities);

(3) Coordination with other HUD-funded programs outside of the Consolidated Planning Process, for example accessing additional housing resources through a local public housing authority;

(4) Coordination with mainstream resources including private, other public, and mainstream services and housing programs. To achieve the maximum points, applicants must evidence explicit agency strategies to coordinate client assistance with mainstream health, social services and employment programs for which eligible persons may benefit.

(iii) *Sustainability (5 Points)*. The goal of sustainability is to ensure that your activities can be continued after your grant award is complete. Demonstrate the extent to which your program exhibits the potential to be financially self-sustaining by decreasing dependence on federal funding and relying more on state, local and private funding so your activities can be continued after your grant award period is completed. In order to ensure that resources are used to their maximum effect within the community, it is important that you demonstrate involvement in other state, local, and private funding arenas. In evaluating this factor, HUD will consider the extent to which you have:

(1) Developed linkages, or described specific steps you will take to develop linkages with other activities, programs or projects through meetings, information networks, planning processes, letters of participation or coordination, or other mechanisms, to coordinate your activities so solutions are holistic and comprehensively involved with other state, local, or private entities;

(2) Demonstrated how planned activities may be sustained through other resources in order to provide a comprehensive and responsive range of housing and related supportive services to meet the changing needs of persons with HIV/AIDS.

(b) *Model Qualities (20 Points)*. HUD will award up to 20 points based on your service delivery plan and how well it will serve as a model with exemplary qualities to address the ongoing housing and supportive service needs of eligible persons within a replicable operational framework. To receive the maximum points, you must offer a housing plan that describes the following:

(i) *Policy Priorities*. If applicable to your application, describe how you will meet the Departmental policy priorities

emphasized in Part D, Section III of this Program Section.

(ii) *Project Management and Oversight.* Describe your method for managing and overseeing activities, including those of your organization, your project sponsor, and any other organization. Identify staff members who are responsible for management and oversight of the project and activity implementation.

(iii) *Evaluation Plan.* Your evaluation plan should identify what you are going to measure, how you are going to measure it, the steps you have in place to make adjustments to your work plan if performance targets are not met within established timeframes, and how you plan to share successes and lessons learned in undertaking your activities with other communities.

(iv) *Innovative Qualities.* If you propose a new program, or an alternative method of meeting the needs of your eligible persons, describe how the innovative qualities of your activities will become a benchmark for achieving greater housing opportunities and supportive services for persons living with HIV/AIDS. HUD will rate your applications higher if you provide strong evidence that your methods will yield qualities that will benefit or expand knowledge in serving eligible persons, when compared to other applications and HOPWA projects. In order to learn about innovative qualities of previously funded and on-going HOPWA projects, please review the HOPWA Executive Summaries for all HOPWA formula and competitive grantees at <http://www.hud.gov>.

(v) *Other Exemplary Qualities.* Demonstrate what exemplary qualities your project contains that will be beneficial to other projects in your area or in other areas across the country. Describe what activities you have undertaken that have been outstanding and that if duplicated would achieve greater housing opportunities for persons living with HIV/AIDS and their families.

(vi) *Descriptive Budget.* HUD will review your budget in describing:

(1) How each amount of requested funding for you and your project sponsors will be used;

(2) How each line item will relate to eligible HOPWA activities as defined in Part D, Section II (B), of this Program Section of the SuperNOFA; and

(3) A clear and complete statement of the planned activities for your project and demonstrate how these activities are matched with line items for both the grantee and sponsors. You must complete the HOPWA Project Budget Form as described in Part B, Section VI

(E). Please note that only the forms are required and an additional narrative under the Model Qualities Section is not required.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure community resources that can be combined with HUD's funds to achieve program purposes. HUD will award up to 10 points based on the extent to which resources from other public or private sources have been committed at the time of application, to support your project. To receive the maximum points, you must provide evidence of commitments of leveraged resources that match or exceed the amount of HOPWA funds that are requested, but not including funds designated for data collection.

(a) In establishing leveraging, HUD will not consider other HOPWA-funded activities, entitlement benefits inuring to eligible persons, or conditioned commitments that depend on future fund-raising or actions. In assessing the use of acceptable leveraged resources, HUD will consider the likelihood that state and local resources will be available and continue during the operating period of your grant. In evaluating this factor, HUD will also consider:

(i) The extent to which you document leveraged resources, such as funding and/or in-kind services from governmental entities, private organizations, resident management organizations, educational institutions, or other entities to achieve the purposes of the project for which you are requesting HOPWA funds;

(ii) The extent to which the documented resources evidence that you have partnered with other entities to make more effective use of available public or private resources. Partnership arrangements may include funding or in-kind services from local governments or government agencies, nonprofit or for-profit entities, private organizations, educational institutions, or other entities that are willing to partner with you on proposed activities, or partnering with other program funding recipients to make more effective use of resources within the geographic area covered by your award.

(b) To receive highest leveraging points, you must document the cash value of leveraged resources pledged to your project(s). The commitment of resources will be evidenced by use of the appropriate language as described below:

(i) *Applicant or Third Party Cash Resources.* If this proposal is funded,

(applicant name or third party name) commits \$(amount) (of its own funds, if applicant, or to applicant name, if third party) for (type of activity) to be made available to the HOPWA program. These funds will be available from (date) to (date). (Signature and Title of authorized representative and date.)

(ii) *Non-Cash Resources.* If this proposal is funded, (organization's name) commits to make available (type of resource) valued at \$(amount) to the HOPWA program proposed by (applicant name). These resources will be made available to the HOPWA program from (date) to (date). (Signature and Title of authorized representative and date.) The donation of a third party professional service should be valued at the professional's customary charge. The value of materials to be contributed to the project by a third party or by the applicant may also be counted as leveraging.

(iii) *Volunteer Time.* If this proposal is funded, (name of the organization or of self), commits to provide (number of hours) of volunteer time from (date) to (date) to provide (type of activity) to the HOPWA program proposed by (applicant name). The total value of these services, based on \$10.00 per hour, is \$(amount). (Signature and Title, and date.) Time to be contributed to the project by volunteers should be valued at \$10.00 per hour. In the case of individuals volunteering their time directly to the applicant, the applicant should list itself as the organization.

(iv) *Contribution of a Building.* If this proposal is funded, (applicant name) pledges the building at (site address) to the HOPWA program. The building has a fair market value of \$(amount). A licensed independent real estate appraiser made this appraisal, which is based on comparable properties in the area. (Signature of applicant's authorized representative and date.) Ownership of a building or portion of a building to be used in the project may be counted as leveraging. The fair market value of the building or portion of the building being contributed may be counted. Do not send an appraisal to HUD, but keep documentation of fair market value on file. The contribution of land (as a leveraged resource for new construction) should be treated the same as contribution of a building. You will need to keep documentation of the fair market value on file, particularly if it is improved land and you wish to include the value of the improvements in the contribution.

(v) *Contribution of a Building to be Acquired with HOPWA Funds.* If this proposal is funded, (applicant name) commits the building at (site address)

for the HOPWA program. The building has a fair market value of \$(amount). A licensed independent real estate appraiser made this appraisal, which is based on comparable properties in the area. The HOPWA request for the building is \$(amount). Therefore, the contribution is the difference between the fair market value and the HOPWA request, or \$(amount). (Signature of applicant's authorized representative and date.) The difference between the documented fair market value and the portion paid for with HOPWA funds may be counted as leveraging. Maintain documentation of fair rental value on file.

(vi) *Contribution of Leasehold Interest.* If this proposal is funded, (applicant name) commits the leasehold interest at (site address) for the HOPWA program. The fair rental value of this site is \$(amount) annually, and at constant value will amount to \$(amount) over (term of the lease, up to three years). An appropriate independent third party made this appraisal, which is based on comparable properties in the area. The total leasing cost over the term of the lease to be paid with HOPWA funds is \$(amount). Therefore, the contribution is the difference between the HOPWA leasing cost and the fair rental value, or \$(amount). (Signature of applicant's authorized representative and date.) The difference between the fair rental value (for a term up to three years) and the cost of the lease to be paid for with HOPWA funds may be counted as leveraging.

Factor 5: Achieving Results and Program Evaluation (Maximum 10 Points)

Address this factor on not more than five (5) double-spaced, typed pages. Under this factor, HUD will award 10 points based on how well your application demonstrates a commitment to ensuring that the goals that you set forth and your performance will be assessed in a clear and effective manner. HUD will analyze how well you have clearly implemented the HOPWA program goals and identified the benefits or outcomes of your program including your activities, benchmarks, and interim activities or performance indicators. HUD will award the highest points to applications that demonstrate an evaluation plan that will objectively measure actual achievements against anticipated achievements.

Benchmarks or outputs that are identified in your application should be measurable indicators of actual achievements that help achieve the program outcome goals for the HOPWA Program. These outcome goals should include but are not limited to:

(a) Increase the amount of housing assistance and related supportive services to eligible persons, to establish or maintain housing stability and reduce the risks of homelessness for eligible persons,

(b) Increase the access to permanent housing for low-income eligible persons, to enable these households to become more self-sufficient,

(c) Improve the housing conditions in which low-income and homeless eligible persons and their families live, to increase the number of persons living in housing that is safe, decent, and sanitary, and

(d) Address the challenge of homelessness for persons living with HIV/AIDS and their families by helping them move to permanent housing with appropriate support, with coordinated homeless assistance effort.

Program output measures for your application for the HOPWA Program must include but are not limited to:

(a) The projected numbers of persons to be served through each activity during each project operating year, and

(b) The projected number of housing units by type, to be provided to eligible households through your project during each project operating year,

Your application should also address your evaluation plan. Evaluation is defined as your method for collecting data on HUD program measures to evidence achievement of your project's goals and objectives. HUD will assess your method for reviewing this data and your basis for making relative adjustments in project implementation based on outcomes and lessons learned. Your evaluation plan must include how you propose to utilize the project outcome funding. HUD will award a greater number of points for projects that also provide for a plan for the dissemination of information from the lessons learned from your proposed activities. Three Program Evaluation Logic Models are given as examples on the following pages to illustrate planning for the use of resources, project activities, outputs, outcomes, and goals. Please use the Logic Model (Form HUD-96010-1) in the General Section of this notice to respond to this factor. In addition to using the required HOPWA output measures, applicants may create their own set of activities, other outputs, and project outcomes.

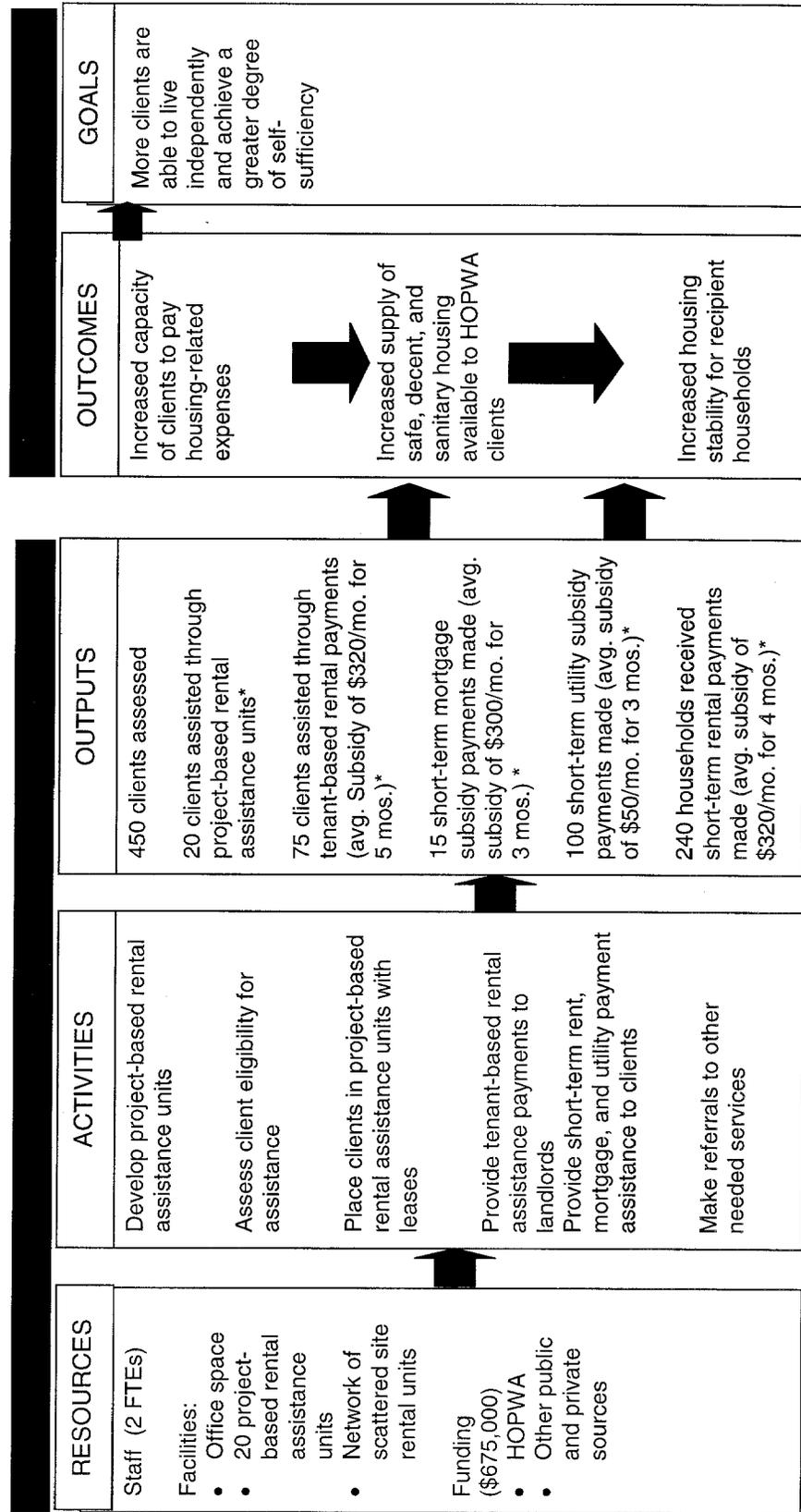
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PROGRAM EVALUATION LOGIC MODEL

EXAMPLE: Rental Assistance

Target Population: HIV/AIDS eligible persons and their families who live in project-based or scattered site housing units funded by HOPWA and who are in need of financial assistance in order to maintain housing.

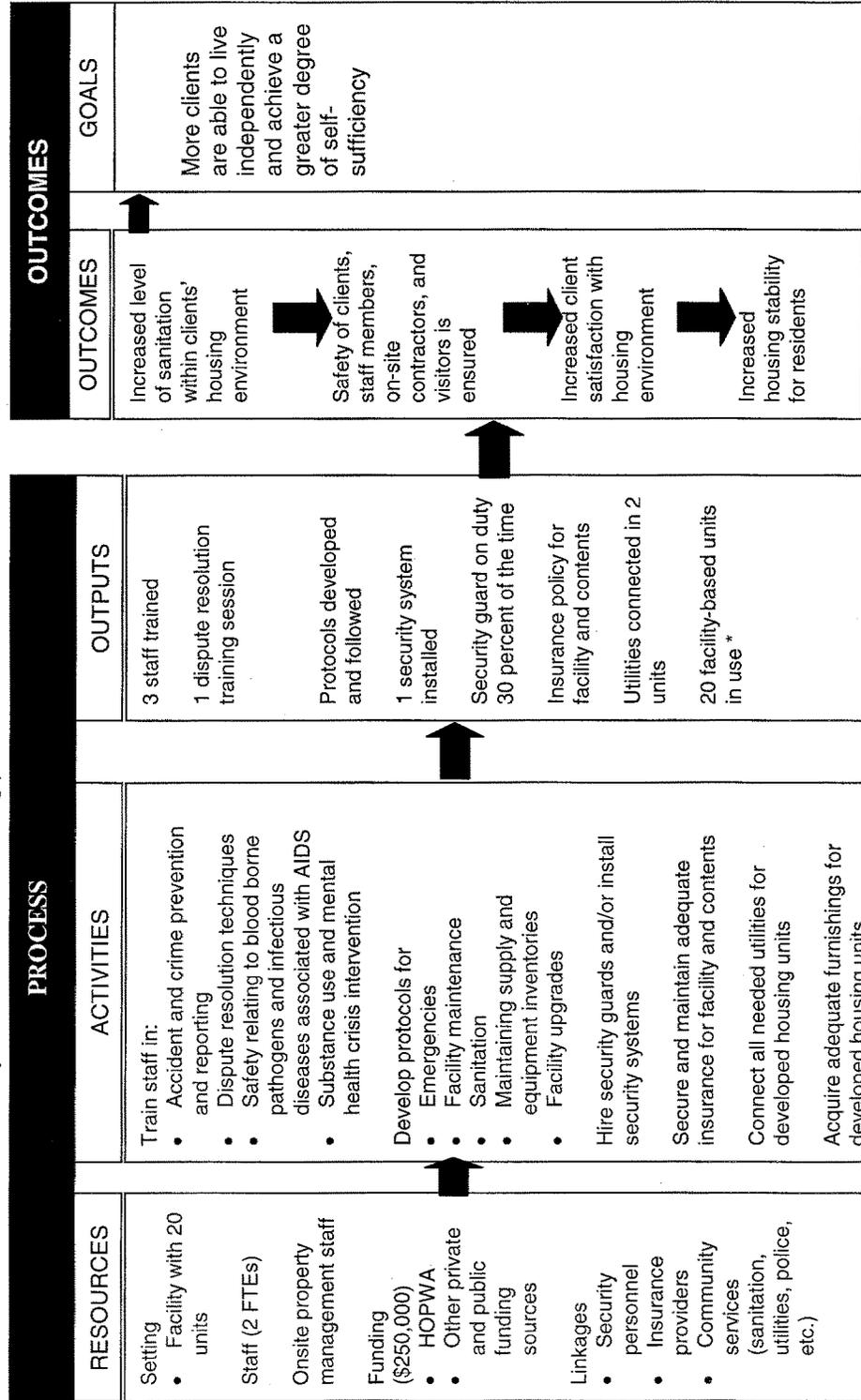
Program Theory: Providing direct financial resources will assist eligible persons in stabilizing their living situations and will increase the chances of their maintaining and achieving self-sufficiency, ultimately preventing homelessness.



* Required HOPWA output measures on the number of units of housing, by type, assisted during each project operating year.

PROGRAM EVALUATION LOGIC MODEL
EXAMPLE: Housing Operations

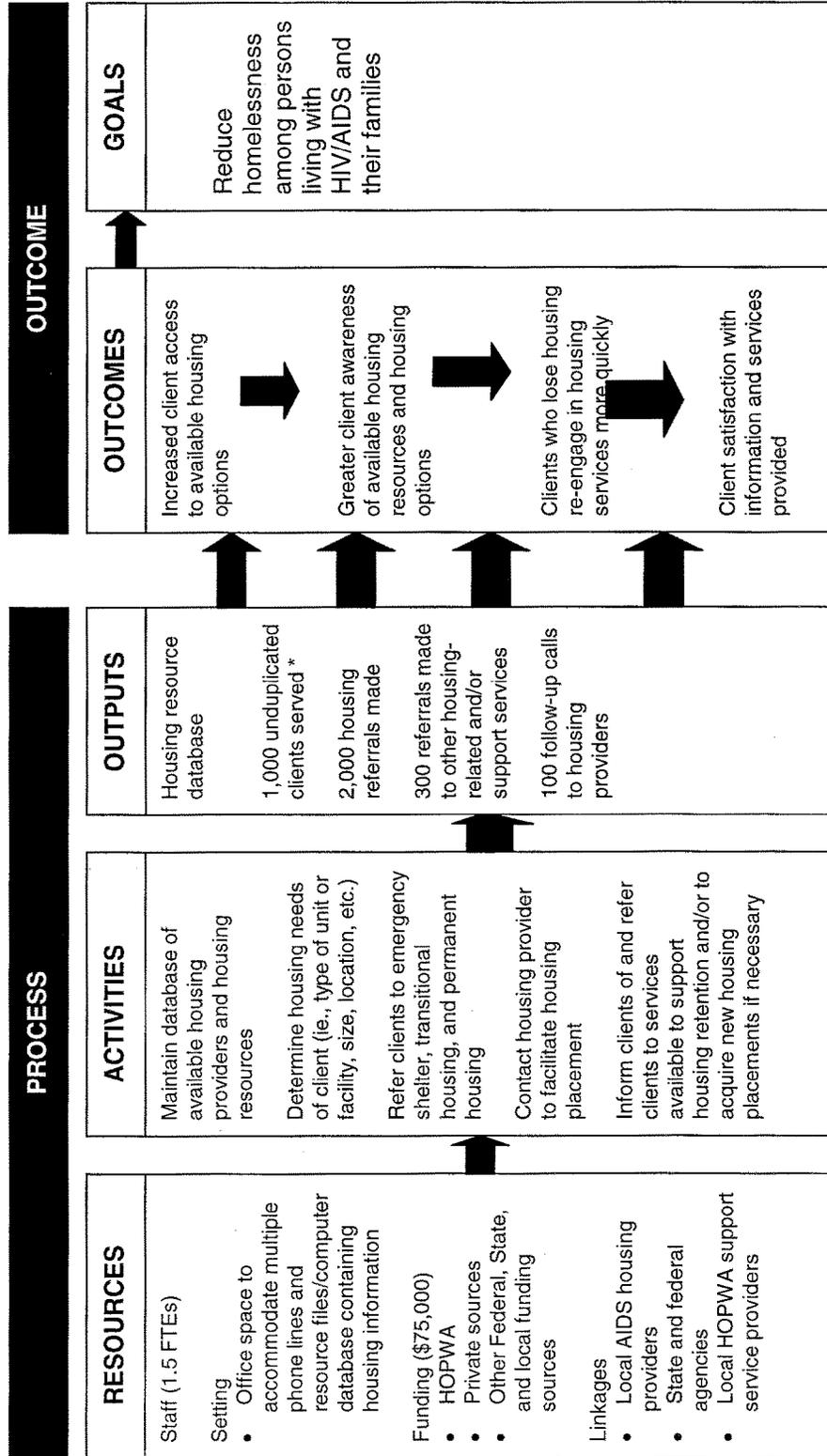
Target Population: Residents of HOPWA-funded housing facility, as well as those who work in and visit the facility.
Program Theory: A safe and sanitary housing environment helps to protect the physical and mental health of HIV/AIDS eligible persons; eligible persons who are satisfied with the safety, sanitation, and management of the housing facility are more likely to maintain the housing placement.



* Required HOPWA output measures on the number of units of housing, by type, assisted during each project operating year.

**PROGRAM EVALUATION LOGIC MODEL
EXAMPLE: Housing Information & Referral**

Target Population: Homeless persons living with HIV/AIDS in the community and their families.
Program Theory: Providing information about available housing and timely referrals to AIDS housing providers will facilitate housing placements and decrease homelessness among persons living with HIV/AIDS



* Required HOPWA output measures on the number of units of housing, by type, assisted during each project operating year.

applications within each of the two categories of assistance. HUD will select applications in rank order in each category of assistance to the extent that funds are available, except as outlined in Part D, Section III (B): *Policy Priorities*, where HUD reserves the right to select applications that target the priority eligible populations. In allocating amounts to the categories of assistance, HUD reserves the right to ensure that sufficient funds are available for the selection of at least one application with the highest ranking under each category of assistance. HUD will not select an application that is rated below 75 points.

In the event of a tie between applications in a category of assistance, HUD reserves the right to break the tie by selecting the proposal that was scored higher on a rating criterion in the following order: Soundness of Approach: Responsiveness and Model Qualities (Rating Factor 3); Comprehensiveness and Coordination (Rating Factor 5); the Capacity of the Applicant and Relevant Organizational Experience (Rating Factor 1); the Need/Extent of the Problem (Rating Factor 2); and Leveraging Resources (Rating Factor 4).

HUD will notify you in writing if you are conditionally selected. You may be notified subsequently of any modification made by HUD, the additional project information necessary for grant award, and the date of deadline for submission of the required information. In the event that a conditionally-selected applicant is unable to meet any conditions for fund award within the specified time, HUD reserves the right not to award funds to the applicant and to use those funds to make awards to the next highest rated applications in this competition; to restore amounts to a funding request that had been reduced in this competition; or to add amounts to funds available for the next competition.

VI. Application Submission Requirements

Your HOPWA application must contain the following items in the order shown below. The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application items that are forms (*i.e.*, excluding such items as narratives, letters) can be found as Appendix D to this Program Section of the SuperNOFA. The items are as follows:

(A) *Application for Federal Assistance (Form HUD-424)*. You should complete Items 1 through 23 with the following additions:

(1) Item 12—The applicable letters are “A” for state; “B, C, or D” for a unit of local government;

(2) Item 14—Enter U.S. Department of Housing and Urban Development or HUD if not preprinted;

(3) Item 15—Enter 14-241 and the title “Housing Opportunities for Persons With AIDS Program” or “HOPWA” for the Catalog of Federal Domestic Assistance;

(4) Item 20—You must complete the budget Funding Matrix on page 2 and the HOPWA Project Budget Form. Please make sure that both the Total Amount on HUD-424 and the “Total Budget” section on the HOPWA Project Budget Form are the same. In the event that the total budgets are in conflict, HUD will refer to the HOPWA Project Budget form.

(5) Item 21—Check “No”.

(B) *Executive Summary and Synopsis*. Please provide a two to three sentence synopsis of the main focus or features of your proposed program, followed by an Executive Summary of the proposed project on no more than two double-spaced, typed pages. HUD will use this as a summary if your project is chosen for funding. In your abstract, include your organization’s name and the name of any project sponsor. Also include the name, telephone number, and e-mail address of the person within your organization and within any project sponsor that is responsible for this application.

(C) *Narrative Statements*. Your application must include narrative statements that address each of the Factors for Award found at Part D, Section V (B) of this Program Section of the SuperNOFA. Respond to each factor within the stated page limits and do not use a font size smaller than 12 point. Applications failing to submit any of the narrative statements will be rated as zero during the rating process.

(D) *Proposed HOPWA Project Information Form*. See Appendix D in Program Section of SuperNOFA. Complete the form including the following:

(1) *Project Sponsors*. You must identify any organization that will receive HOPWA funds as a project sponsor and the amount of funds to be received.

(2) *Non-profit Status*. Non-profit grantees or project sponsors must submit documentation verifying your non-profit status, as outlined in Part A, Section VI (A).

(3) *Service Areas*. Your application must identify the area(s) in which you are proposing to offer housing and other assistance.

(E) *Budget*. You must complete the HOPWA Project Budget Form found in Appendix D of this Program Section of the SuperNOFA, which lists the amount of requested HOPWA funds designated for each type of HOPWA-eligible activity. For more information, please see Part D, Section IV (B) and Rating Factor 3, *Soundness of Approach*.

(F) *Statutory Certifications*. You must complete the statutory certifications as outlined in Part A, Section VI section of this Program Section.

After your entire application is assembled, please mark each exhibit with an appropriately numbered tab and number every page of the application sequentially. Complete the HOPWA Application Checklist found in Appendix D to this Program Section of the SuperNOFA. Attach the HOPWA Application Checklist to the front of your application.

BILLING CODE 4210-32-P

HOPWA Renewal Application Checklist**Checklist of Exhibits**

Please insert page numbers

- Transmittal Letter (that identifies HOPWA and amount requested)
- Application for Federal Assistance (form HUD-424) and (HUD-424B)
- Project Synopsis and Executive Summary
- Organizational Capacity Narrative (if applicable)
- Provision of Permanent Supportive Housing Narrative
- HOPWA Permanent Supportive Housing Certification
- HOPWA Permanent Supportive Housing Worksheet
- Need for Renewal Narrative
- HOPWA Need for Renewal Chart
- HOPWA Renewal Budget Form
- HOPWA Renewal Project Form
- Statutory Certifications (Required by law)
- Acknowledgement of Application Receipt (Optional) (HUD-2993)
- Client Comments and Suggestions (Optional) (HUD-2994)

HOPWA Application
Part B - Forms

Appendix A

OMB Approval No. 2506-0133
Expiration Date 11/31/2003**HOPWA Permanent Supportive Housing Certification**

The Applicant, in order to induce HUD to renew the Applicant's Grant with HUD for HOPWA Project Number _____, pursuant to HUD's authority under the FY 2003 Appropriations Act, hereby assures and certifies HUD that no less than 51 percent of the HOPWA funds awarded to the Project were and continue to be used to provide permanent supportive housing to low income persons with HIV/AIDS and their families. Permanent housing is defined as housing in which the resident has a lease for a term of at least one year, which is renewable by the tenant and which may be terminated by the landlord for cause. Permanent supportive housing is permanent housing, which provides the tenant with on-going supportive services through qualified providers.

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.

HOPWA Applicant Certifications

Name of Applicant

Signature of Authorized Certifying Official & Date

Typed Name of Signatory

Title of Signatory

Date

HOPWA Application
Part B - Forms

Appendix A

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HOPWA Need for Renewal Chart

Please complete the following chart and submit it with your Need for Renewal Narrative. HUD will review this chart and determine your eligibility for renewal funding based on financial records for reimbursement of expenditures that are filed under HUD's financial system (PAS).

To be eligible, the HOPWA grant must be an expiring grant, defined as a grant that will not have sufficient funds to continue activities until September 30, 2004, if not awarded additional Federal funds. The applicant must demonstrate to HUD that all funds awarded in the grant it seeks to renew will be expended before September 30, 2004 (as measured by reimbursements filed with HUD under the financial system, PAS). HUD may deobligate funding of HOPWA grants that have been renewed on this basis and fail to expend funding by the September 30, 2004.

In addition, if the grant expired in the Federal Fiscal Year 2002 or earlier, i.e. all funds were expended (as measured by PAS) by 9-30-02 or only a residual amount that is less than one percent of the amount of the prior grant remains, you are **not eligible** to apply for renewal funding under this notice.

Line 1	Indicated the amount of the prior HOPWA award.	\$
Line 2	Indicate the amount expended as of 9-30-02.	\$
Line 3	Subtotal: subtract Line 2 from Line 1. (See Item 1 below.)	\$
Line 4	Indicate the amount to be expended in FY2003. (By September 30, 2003)	\$
Line 5	Indicate the amount to be expended in FY2004. (By September 30, 2004)	\$
Line 6	Subtotal: Subtract Lines 4 and 5 from Line 3. (See Item 2 below)	\$

1. If the subtotal on Line 3 is zero or a residual amount that is less than one percent of the amount on Line 1, you are not eligible to apply for renewal funding under this notice.
2. If the subtotal on Line 6 is greater than zero, you are **not eligible** to apply for renewal funding under the HOPWA Renewal Section of HUD's SuperNOFA. Also note that continued use of prior funds may require that you file an extension request with the area CPD Field Office.

Public reporting burden for the collection of information is estimated to average one (1) hour 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.

HOPWA Application
Part B - Forms

Appendix A

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HOPWA Renewal Project Information Form

A. Grant Number

Please provide the grant number of the HOPWA grant for which you are seeking renewal.

Grant Number		Year Funded:	
---------------------	--	---------------------	--

B. Service Area. Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis:
C. Project Sponsors and Sites. On a separate page, if needed, identify all the project sponsors that are involved in your proposed project, the sponsor's mailing address, telephone, email address, fax number, and the name of a contact person.
Are new project sponsor(s) being added to the renewal project? Yes / No

Please note you must provide an Organizational Capacity Narrative if a new project sponsor is added to your renewal project.

Sites. For projects involving sites, for example, a structure where HOPWA funds will be used for operating costs, and/or project-based rental assistance, please attach or provide the address of the project site.
Confidentiality. Please indicate if the site location is confidential or a public site by checking the appropriate box below.
 Confidential Site.
(Do not release the street location of this project.)

 Public Site.
(The address may be released to inform clients and the public.)
Photo. Please attach a photograph of the structure.

Please include this page in your application Page

Form HUD-40110-B (3/03)

D. Summary of Proposed Accomplishments.

Summary of Housing Assistance: Please provide best estimates in the following table. Enter number of units of housing served if renewal project is funded and is fully implement and operational.

1. Facility-based Housing: Enter total units to be provided.		Accomplishment by Year		
		Year 1	Year 2	Year 3
Short-term facility				
Single room occupancy dwelling	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent			
Community residence	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent			
Other housing facility (specify) _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent			
2. Scattered-site Payments		Year 1	Year 2	Year 3
Tenant-based rental assistance				
Short-term rent, mortgage, and utility payments				
Total Units				

Example: If your four-unit community residence will be funded and operational in each of the next three years, enter 4 in each of the 3 boxes after community residences.

Summary of Persons Assisted. Please provide best estimates in the following table:

	Accomplishment by Year		
	Year 1	Year 2	Year 3
1. Number of persons with HIV/AIDS who will receive some form of housing assistance			
2. Number of family members of the above who will be residing with the person receiving housing assistance			
3. Number of persons with HIV/AIDS who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 1 above)			
4. Number of other family members who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 2 above).			
5. Number of persons who will be receiving housing information services.			

Example: If some clients transition out of your 4 unit community residence each year and new clients enter the project, enter your best estimate of all the persons projected to be served for each year.

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Part B - Forms

Appendix A

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E. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)

Severely Mentally Ill Chronic Substance Abuse Veterans

Multiply-Diagnosed Victims of Domestic Violence

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)

Yes No

Public reporting burden for the collection of information is estimated to average one (1) hour 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.

Please include this page in your application Page

Form HUD-40110-B (3/03)

HOPWA Application
Part B - Forms

Appendix A

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Expiration Date 11/31/2003

HOPWA Renewal Project Budget Form

A. Renewal Project Summary Budget. In column A, enter the amount of HOPWA funding that was awarded under the prior HOPWA award (including any change approved by HUD). In column B, enter the total amount of new HOPWA funds being requested as outlined below in Section B: "Annual Summary Budget" – Column D. In column C, enter any other funds (i.e. private, local, or state resources) that will be used in conjunction with the requested HOPWA renewal funds to undertake the project. Enter the sum total of requested *HOPWA funds* and *Other funds* (sum of columns B and C) in column D. Enter the totals of each column in line 13 of the budget form.

Eligible Activity	HOPWA Project Funding			D. Total
	A. Original/Amd.	B. Renewal Amt.*	C. Other	
1. Lease	\$	\$	\$	\$
2. Operating Costs	\$	\$	\$	\$
3. Supportive Services	\$	\$	\$	\$
4. Housing Information	\$	\$	\$	\$
5. Technical Assistance & Resource Identification	\$	\$	\$	\$
6. Rental Assistance	\$	\$	\$	\$
7. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	\$	\$	\$	\$
8. Other (please indicate the activity)	\$	\$	\$	\$
9. Subtotal of Activity Costs (not to exceed \$1,200,000)	\$	\$	\$	\$
10. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	\$	\$	\$	\$
11. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	\$	\$	\$	\$
12. Collect data on Project Outcomes (not to exceed \$50,000)	\$	\$	\$	\$
13. Total	\$	\$	\$	\$

*Note: Column B should reflect the total of funding requested for all years as outlined in Section B.

HOPWA Application
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B. Annual Summary Budget. In columns A through C enter the requested amount of HOPWA funds by year. The term of the grant may be up to 3 years. You may request up to 20 percent more than the original award for renewal by activity, but the total requested funds must not exceed \$1,200,000. For additional details on eligible activities and limitations, consult the program regulations at 24 CFR 574.300-340. One-time capital development costs are not eligible for renewal. In column D, enter the total amount of requested HOPWA funds for each year by summing columns A through C. The totals in Column D should equal the totals in Column B in Section A-“Renewal Project Summary Budget” and should represent your total request for HOPWA funds. Enter the totals of each column in line 13 of the budget form.

Indicate the number of years you are requesting renewal funding (1-3 years).

Eligible Activity	HOPWA Project Funding			
	A. Year 1	B. Year 2	C. Year 3	D. Total *
1. Lease	\$	\$	\$	\$
2. Operating Costs	\$	\$	\$	\$
3. Supportive Services	\$	\$	\$	\$
4. Housing Information	\$	\$	\$	\$
5. Technical Assistance & Resource Identification	\$	\$	\$	\$
6. Rental Assistance	\$	\$	\$	\$
7. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	\$	\$	\$	\$
8. Other (please indicate the activity)	\$	\$	\$	\$
9. Subtotal of Activity Costs (not to exceed \$1,200,000)	\$	\$	\$	\$
10. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	\$	\$	\$	\$
11. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	\$	\$	\$	\$
12. Collect data on Project Outcomes (not to exceed \$50,000)	\$	\$	\$	\$
13. Total	\$	\$	\$	\$

*Note: Totals in this column should equal the totals in Column B, Section A – “Renewal Project Summary Budget”.

HOPWA Application
Part B - Forms

Appendix A

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C. Renewal Project Descriptive Budget.

Instructions:

- A.** For the grantee and each project sponsor receiving HOPWA renewal funds under this application, please complete the Renewal Project Descriptive Budget Form. The first form should be completed for the grantee, followed by one form for each project sponsor. In the form number boxes enter the number of the form followed by the total numbers of forms submitted. For example, if you are the grantee and have two project sponsors, you will complete three forms. The first form should be for the grantee and will be numbered as (1 of 3). You will then complete two additional forms for each project sponsor. The first project sponsor form will be numbered as (2 of 3), and the second (3 of 3).
- B.** Enter the name of the organization (grantee or project sponsor).
- C.** As applicable, mark if you are completing this form for the grantee or project sponsor.
- D.** For each HOPWA Eligible Activity that you are requesting HOPWA renewal funding, give a brief description of the activity. This description should be a 1-2 line summary of the activity.

EXAMPLE 1:

HOPWA Eligible Activity and Description	HOPWA Request
Rental Assistance	\$100,000
Description: <i>Provide long-term, tenant-based rental assistance through the "Rent Project" to 25 individuals and 10 families per year over a three-year grant period.</i>	

EXAMPLE 2:

Eligible Activity and Description	HOPWA Request
Supportive Services	\$30,000
Description: <i>Provide case management, nutritional services, and mental health counseling to 45 individuals in the "AIDS Housing" facility each year for the three years of the grant term.</i>	

- E.** For each HOPWA Eligible Activity (lines 1-10), enter the amount of requested HOPWA renewal funds. NOTE: A sum of each HOPWA request completed on the Project Descriptive Budget for the grantee and each project sponsor should equal the totals entered in Section A- Column B of the Renewal Project Summary Budget.

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Appendix A

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A. HOPWA Renewal Project Description Budget Form *Form* *of*

B. Name of Grantee/Project Sponsor: _____

C. Mark one of the following:
Grantee Project Sponsor

Is the organization a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes No

D. Eligible Activity and Description	E. HOPWA Renewal Request
1. Lease Description:	\$
2. Operating Costs Description:	\$
3. Supportive Services Description:	\$
4. Housing Information Description:	\$
5. Technical Assistance and Resource Identification Description:	\$
6. Rental Assistance Description:	\$
7. Short-term Rent, Mortgage & Utility Payment to Prevent Homelessness Description:	\$

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Form, page 2

8. Other (please indicate the activity)	\$
Description:	
9. Administrative Costs (Grantee or Project Sponsor)	\$
Description:	
10. Collect data on Project Outcomes (not to exceed \$50,000)	\$
Description:	

Public reporting burden for the collection of information is estimated to average one (1) hour 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.

HOPWA Supporting Information

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
 Local Field Office Contact List

<u>NEW ENGLAND</u>	<u>CPD DIRECTOR</u>	<u>PHONE</u>
CONNECTICUT STATE OFFICE ONE CORPORATE CENTER, 19 TH FLOOR HARTFORD, CT 06103-3220	MARY ELLEN MORGAN	860-240-4800
MANCHESTER AREA OFFICE 275 CHESTNUT ST. NORRIS COTTON BLDG. MANCHESTER, NH 03101-2487	RICHARD HATIN	603-666-7610
MASSACHUSETTS STATE OFFICE 10 CAUSEWAY STREET, ROOM 301 BOSTON, MA 02222-1092	BOB PAQUIN	617-994-8357
 <u>NEW YORK/ NEW JERSEY</u>		
BUFFALO AREA OFFICE 465 MAIN STREET, FIFTH FLOOR BUFFALO, NY 14203-1780	MICHAEL F. MERRILL	716-551-5755
NEW JERSEY STATE OFFICE ONE NEWARK CENTER, 13 TH FLOOR NEWARK, NJ 07102-5260	KATHLEEN NAYMOLA	973-622-7900
NEW YORK STATE OFFICE 26 FEDERAL PLAZA NEW YORK, NY 10278-0068	KATHY MULLINS, ACT'G	212-264-0771
 <u>MID-ATLANIC</u>		
MARYLAND STATE OFFICE 10 S. HOWARD ST., 5 TH FLOOR CITY CRESCENT BLDG. BALTIMORE, MD 21201-2505	JOSEPH O'CONNOR	410-962-2520
PENNSYLVANIA STATE OFFICE WANAMAKER BLDG. 100 PENN SQUARE EAST PHILADELPHIA, PA 19107-3390	JOYCE GASKINS	215-656-0624

HOPWA Supporting Information

Appendix B

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PITTSBURGH STATE OFFICE 339 6 TH AVENUE, 6 TH FLOOR PITTSBURGH, PA 15222-2515	LYNN DANIELS	412-644-2999
VIRGINIA STATE OFFICE 600 EAST BROAD STREET RICHMOND, VA 23230-4920	CARLOS RENTERIA	804-771-2100
DISTRICT OF COLUMBIA OFFICE 820 1 ST ST., N.E., STE. 450 WASHINGTON, DC 20002-4205	RONALD HERBERT	202-275-0994
<u>SOUTHEAST/CARIBBEAN</u>		
ALABAMA STATE OFFICE MEDICAL FORUM BUILDING SUITE 900 950 22 ND STREET NORTH BIRMINGHAM, AL 35203	HAROLD COLE	205-731-2630
CARIBBEAN OFFICE 159 CARLOS E. CHARDON AVENUE SAN JUAN, PR 00918-1804	CARMEN R. CABRERA	787-766-5400
FLORIDA STATE OFFICE 909 SOUTHEAST 1 ST AVE., RM 500 MIAMI, FL 33131	JACK JOHNSON	305-536-4431
GEORGIA STATE OFFICE 40 MARIETTA STREET FIVE POINTS PLAZA -15 TH FLOOR ATLANTA, GA 30303-3388	JOHN PERRY	404-331-5001
JACKSONVILLE AREA OFFICE SOUTHERN BELL TOWER 301 WEST BAY STREET, STE. 2200 JACKSONVILLE, FL 32202-5121	GARY CAUSEY, ACTING DIRECTOR	904-232-1777
KENTUCKY STATE OFFICE 601 W. BROADWAY LOUISVILLE, KY 40202	VIRGINIA PECK	502-582-6163
MISSISSIPPI STATE OFFICE 100 WEST CAPITOL STREET, RM 910 JACKSON, MS 39269-1096	EMILY EBERHARDT	601-965-4700

HOPWA Supporting Information

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

NORTH CAROLINA STATE OFFICE **TOM FEREBEE** **336-547-4005**
KOGER BLDG.
2306 W. MEADOWVIEW RD.
GREENSBORO, NC 27407-3707

SOUTH CAROLINA STATE OFFICE **LOUIS E. BRADLEY** **803-765-5564**
S. THURMON FED. BLDG.
1835 ASSEMBLY STREET
COLUMBIA, SC 29201-2480

TENNESSEE STATE OFFICE **MARY WILSON,** **865-545-4394**
ACTING DIRECTOR
710 LOCUST STREET, 3RD FLOOR
KNOXVILLE, TN 37902-2526

MIDWEST

ILLINOIS STATE OFFICE **RAY WILLIS,** **312-353-6236**
ACTING DIRECTOR
77 WEST JACKSON BOULEVARD
RALPH METCALFE BLDG.
CHICAGO, IL 60604-3507

INDIANA STATE OFFICE **ROBERT POFFENBERGER** **317-226-6303**
151 NORTH DELAWARE STREET
INDIANAPOLIS, IN 46204-2526

MICHIGAN STATE OFFICE **JEANETTE HARRIS** **313-226-4343**
PATRICK MCNAMARA BUILDING
477 MICHIGAN AVENUE
DETROIT, MI 48226-2592

MINNESOTA STATE OFFICE **ALAN JOLES** **612-370-3019**
920 SECOND AVENUE, SOUTH
MINNEAPOLIS, MN 55401-2195

OHIO STATE OFFICE **LANA VACHA** **614-469-5737**
200 NORTH HIGH STREET
COLUMBUS, OH 43215-2499

WISCONSIN STATE OFFICE **ROBERT BERLAN** **414-297-3214**
310 W. WISCONSIN AVENUE, STE 1380
MILWAUKEE, WI 53203-2289

SOUTHWEST

ARKANSAS STATE OFFICE **JAMES SLATER** **501-324-6375**
425 WEST CAPITAL AVENUE
TCBY TOWER, STE. 900
LITTLE ROCK, AR 72201-3488

HOPWA Supporting Information

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

LOUISIANA STATE OFFICE **GREG HAMILTON** **504-589-7212**
501 MAGAZINE STREET,
HALE BOGGS, 9TH FLOOR
NEW ORLEANS, LA 70130-3099

NEW MEXICO STATE OFFICE **FRANK PADILLA** **505-346-7361**
625 SILVER AVENUE, SW, STE. 100
ALBUQUERQUE, NM 87110-6472

OKLAHOMA STATE OFFICE **DAVID H. LONG** **405-553-7569**
500 WEST MAIN STREET, STE. 40
OKLAHOMA CITY, OK 73102

SAN ANTONIO STATE OFFICE **JOHN T. MALDONADO** **210-475-6820**
WASHINGTON SQUARE
800 DELOROSA STREET
SAN ANTONIO, TX 78207-4563

TEXAS STATE OFFICE **KATIE WORSHAM** **817-978-5934**
801 N. CHERRY STREET, 6TH
25TH FLOOR
FORT WORTH, TX 76102

GREAT PLAINS

KANSAS/MISSOURI STATE OFFICE **WILLIAM ROTERT** **913-551-5485**
GATEWAY TOWER II
400 STATE AVENUE, RM 200
KANSAS CITY, KS 66101-2406

NEBRASKA STATE OFFICE **GREGORY A. BEVIRT** **402-492-3181**
10909 MILL VALLEY ROAD
OMAHA, NE 68154-3955

ST. LOUIS AREA OFFICE **ANN WIEDL** **314-539-6524**
1222 SPRUCE STREET, 3RD FLOOR
SUITE 1200
ST. LOUIS, MO 63103-2836

ROCKY MOUNTAIN

COLORADO STATE OFFICE **GUADLUPE M. HERRERA** **303-672-5414**
FIRST INTERSTATE TOWER NORTH
633 - 17TH STREET
DENVER, CO 80202-3607

HOPWA Supporting Information

Appendix B

Persons with hearing or speech challenges may access the numbers below via TTY (text telephone) by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

PACIFIC / HAWAII

CALIFORNIA STATE OFFICE
450 GOLDEN GATE AVENUE
SAN FRANCISCO, CA 94102-3448

STEVE SACHS 415-436-6597

JIMMY PRATER 415-436-6592

DEPUTY DIRECTOR

MARK CHANDLER 808-522-8180

HAWAII STATE OFFICE
500 ALA MOANA BLVD. , STE 3A
HONOLULU, HI 96813-4918

LOS ANGELES AREA OFFICE
AT&T CENTER
611 W. 6TH STREET, STE. 800
LOS ANGELES, CA 90015-3801

JAMES BARNES, 213-894-8000

ACTING DIRECTOR

PHOENIX AREA OFFICE
400 NORTH 5TH STREET, STE. 1600
PHOENIX, AZ 85004

MARTIN H. MITCHELL, 602-379-7175

PROGRAM MANAGER

NORTHWEST/ALASKA

ALASKA STATE OFFICE
949 EAST 36TH AVENUE, STE. 401
ANCHORAGE, AK 99508-4135

ANDREW "GUS" SMITH, 907-271-3669

OREGON STATE OFFICE
400 SOUTHWEST 6TH AVE.
STE. 700
PORTLAND, OR 97204-1632

DOUGLAS CARLSON 503-326-7018

WASHINGTON STATE OFFICE
909 1ST AVENUE, STE. 200
SEATTLE, WA 98104-1000

JACK PETERS 206-220-5150

**DON PHILLIPS, DEPUTY
DIRECTOR**

Appendix C

FY 2003 HOPWA Formula Allocations
Including Non-Eligible Areas

On (date), HUD announced that \$259.292 million, or 90 percent of the total FY2003 HOPWA appropriation of \$290.102 million, was allocated under the statutory formula to 111 HOPWA grantees, including 75 cities for Eligible Metropolitan Statistical Areas (EMSA's) and 36 States. The grantee for these amounts is the State or, for the EMSA, the most populous city in that area, which is the jurisdiction noted below. The State of New Jersey will administer funds for the four New Jersey Counties that are in the Philadelphia Metropolitan Area. Each of the allocations are made available under the jurisdiction's consolidated plan.

Three new FY2003 grantees are noted as (*) in following metropolitan areas: Sarasota, Florida, and the states of Kansas and Colorado. In addition Wake County, NC was given authorization to administer the grant to the Raleigh Metropolitan Area.

For further information regarding HOPWA formula grantees visit the HOPWA website at <http://www.hud.gov/offices/cpd/aidshousing>.

STA	NAME	2002 Amount
AL	BIRMINGHAM	\$486,000
AL	ALABAMA STATE PROGRAM	\$1,137,000
AZ	PHOENIX	\$1,377,000
AZ	TUCSON*	\$399,000
AZ	ARIZONA STATE PROGRAM	\$128,000
AR	ARKANSAS STATE PROGRAM	\$741,000
CA	LOS ANGELES	\$10,489,000
CA	OAKLAND	\$2,019,000
CA	RIVERSIDE	\$1,766,000
CA	SACRAMENTO	\$810,000
CA	SAN DIEGO	\$2,671,000
CA	SAN FRANCISCO	\$8,160,000
CA	SAN JOSE	\$787,000
CA	SANTA ANA	\$1,429,000
CA	CALIFORNIA STATE PROGRAM	\$3,049,000
CO	COLORADO STATE PROGRAM	\$368,000
CO	DENVER	\$1,412,000
CT	HARTFORD	\$1,034,000
CT	NEW HAVEN	\$1,115,000
CT	CONNECTICUT STATE PROGRAM	\$1,181,000
DE	WILMINGTON	\$1,077,000
DE	DELAWARE STATE PROGRAM	\$162,000
DC	WASHINGTON	\$9,862,000
FL	FT LAUDERDALE	\$5,515,000
FL	MIAMI	\$10,617,000
FL	ORLANDO	\$2,520,000

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FL	SARASOTA	\$500,000
FL	TAMPA	\$2,993,000
FL	WEST PALM BEACH	\$4,045,000
FL	JACKSONVILLE-DUVAL	\$1,518,000
FL	FLORIDA STATE PROGRAM	\$3,985,000
GA	ATLANTA	\$7,506,000
GA	GEORGIA STATE PROGRAM	\$1,807,000
HI	HONOLULU	\$445,000
HI	HAWAII STATE PROGRAM	\$176,000
IL	CHICAGO	\$5,514,000
IL	ILLINOIS STATE PROGRAM	\$732,000
IN	INDIANAPOLIS	\$744,000
IN	INDIANA STATE PROGRAM	\$792,000
KS	KANSAS STATE PROGRAM	\$369,000
KY	LOUISVILLE	\$433,000
KY	KENTUCKY STATE PROGRAM	\$425,000
LA	BATON ROUGE	\$1,137,000
LA	NEW ORLEANS	\$2,180,000
LA	LOUISIANA STATE PROGRAM	\$997,000
MD	BALTIMORE	\$9,476,000
MA	BOSTON	\$2,477,000
MA	SPRINGFIELD	\$444,000
MA	MASSACHUSETTS STATE PROGRAM	\$1,119,000
MI	DETROIT	\$1,980,000
MI	MICHIGAN STATE PROGRAM	\$884,000
MN	MINNEAPOLIS	\$839,000
MN	MINNESOTA STATE PROGRAM	\$109,000
MS	MISSISSIPPI STATE PROGRAM	\$1,172,000
MO	KANSAS CITY	\$983,000
MO	ST LOUIS	\$1,198,000
MO	MISSOURI STATE PROGRAM	\$503,000
NV	LAS VEGAS	\$933,000
NV	NEVADA STATE PROGRAM	\$234,000
NJ	DOVER TOWNSHIP	\$725,000
NJ	JERSEY CITY	\$2,394,000
NJ	NEWARK	\$6,069,000
NJ	PATERSON	\$1,368,000
NJ	WOODBIDGE	\$814,000
NJ	NEW JERSEY STATE PROGRAM	\$1,874,000
NM	NEW MEXICO STATE PROGRAM	\$525,000
NY	ALBANY	\$440,000
NY	BUFFALO	\$473,000
NY	ISLIP TOWN	\$1,675,000
NY	NEW YORK CITY	\$60,315,000
NY	ROCHESTER	\$597,000
NY	NEW YORK STATE PROGRAM	\$2,327,000
NC	CHARLOTTE	\$562,000

March, 2003

HOPWA Supporting Information

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NC	GREENSBORO	\$438,000
NC	WAKE COUNTY	\$533,000
NC	NORTH CAROLINA STATE PROGRAM	\$1,293,000
OH	CINCINNATI	\$468,000
OH	CLEVELAND	\$866,000
OH	COLUMBUS	\$565,000
OH	OHIO STATE PROGRAM	\$1,071,000
OK	OKLAHOMA CITY	\$461,000
OK	OKLAHOMA STATE PROGRAM	\$514,000
OR	PORTLAND	\$995,000
PA	PHILADELPHIA	\$5,643,000
PA	PITTSBURGH	\$607,000
PA	PENNSYLVANIA STATE PROGRAM	\$1,535,000
RI	PROVIDENCE	\$542,000
SC	CHARLESTON	\$401,000
SC	COLUMBIA	\$862,000
SC	GREENVILLE	\$390,000
SC	SOUTH CAROLINA STATE PROGRAM	\$1,117,000
TN	MEMPHIS	\$1,242,000
TN	NASHVILLE-DAVIDSON	\$707,000
TN	TENNESSEE STATE PROGRAM	\$731,000
TX	AUSTIN	\$988,000
TX	DALLAS	\$3,869,000
TX	FORT WORTH	\$820,000
TX	HOUSTON	\$5,069,000
TX	SAN ANTONIO	\$1,006,000
TX	TEXAS STATE PROGRAM	\$2,927,000
UT	SALT LAKE CITY	\$438,000
UT	UTAH STATE PROGRAM	\$67,000
VA	RICHMOND	\$667,000
VA	VIRGINIA BEACH	\$1,206,000
VA	VIRGINIA STATE PROGRAM	\$646,000
WA	SEATTLE	\$1,700,000
WA	WASHINGTON STATE PROGRAM	\$637,000
WI	MILWAUKEE	\$508,000
WI	WISCONSIN STATE PROGRAM	\$400,000
PR	SAN JUAN MUNICIPIO	\$5,901,000
PR	PUERTO RICO STATE PROGRAM	\$2,356,000

HOPWA Supporting Information

Appendix C

Non-Eligible Areas:

The following areas are not eligible for HOPWA FY 2003 formula allocations. State and units of general local government from these areas may apply for HOPWA projects under the Long-Term category of grants as detailed in the HOPWA program section of the SuperNOFA.

STATE	NON-ELIGIBLE AREAS
AK	State of Alaska
IA	State of Iowa
ID	State of Idaho
ME	State of Maine
MD	State of Maryland (outside of Baltimore, Washington DC, and Wilmington EMSA)
MT	State of Montana
ND	State of North Dakota
NE	State of Nebraska
NH	State of New Hampshire (outside of Boston, EMSA)
OR	State of Oregon (outside of Portland, EMSA)
RI	State of Rhode Island (outside of Providence, EMSA)
SD	State of South Dakota
VT	State of Vermont
WV	State of West Virginia (outside of Washington DC, EMSA)
WY	State of Wyoming
	Virgin Islands
	Pacific Islands

HOPWA Applicant Certifications

These certified statements are required by law.

The Applicant hereby assures and certifies that:

1. Within the HOPWA eligible population, it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR Part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, the transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin, and

administer its programs and activities relating to housing in a manner to affirmatively further fair housing. For Indian tribes, it will comply with the Indian Civil Rights Act (25 U.S.C. 1301 *et seq.*), instead of Title VI and the Fair Housing Act and their implementing regulations.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the

greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on handicap in Federally-assisted programs and activities.

It will comply with the accessibility requirements of Section 504 of the Rehabilitation Act of 1973, and where applicable, the design and construction requirements of the Fair Housing Act.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color religion, sex, age, national origin, familial status, or handicap who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested per-

sons can obtain information concerning the assistance.

2. It will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and the implementing regulations at 49 CFR Part 24.

3. It will not acquire, rehabilitate, convert, lease, repair or construct property to provide housing or commit HUD, State, local or other funds to these program activities with respect to any eligible property until it has obtained HUD approval of form HUD-7015.15, "Request for the Release of Funds and Certification" of compliance with the National Environmental Policy Act and implementing regulations at 24 CFR part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities) or, in cases where HUD has performed the environmental review, the Applicant has obtained HUD approval of the site following HUD's completion of form HUD-4128.

4. Any building or structure assisted with amounts under this part will be maintained as a facility to provide assistance for eligible persons: (i) for not less than 10 years in the case of assistance involving new construction, substantial rehabilitation or acquisition of a building or structure; and (ii) for not less than three years in cases involving non-substantial rehabilitation or repair of a building or structure.

5. It and its principals (see 24 CFR 24.105(p)):

(a) are not presently debarred, suspended, proposed for debarment,

declared ineligible, or voluntarily excluded from covered transactions (see 24 CFR 24.110) by any Federal department or agency;

(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted for or other-wise criminally or civilly charged by a govern-mental entity

(Federal, State or local) with commission of any of the offenses enumerated in (b) of this certification; and

(d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

HOPWA Applicant Certifications

Signature of Authorized Certifying Official & Date

X

Title

Name of Applicant

HOPWA Application
Part D - Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003**HOPWA Application Checklist****Checklist of Exhibits**

Please insert page numbers

- Transmittal Letter (that identifies HOPWA and amount requested)
- Application for Federal Assistance (HUD-424)
- Project Synopsis and Executive Summary
- Exhibit 1 Applicant and Sponsor Information
- Exhibit 2 Need/Extent of Problem
- HOPWA Project Information Form
- Exhibit 3 Soundness of Approach
- HOPWA Project Budget Form
- Exhibit 4 Leveraging
- Exhibit 5 Achieving Results and Program Evaluation
- Statutory Certifications (Required by law)
- Acknowledgement of Application Receipt (Optional) (HUD-2993)
- Evaluation by Customer (Optional) (HUD-2994)

Please include this page in your application. Page

Form HUD-40110-B (3/03)

HOPWA Project Information Form

Exhibit 3: Proposed HOPWA Project / Soundness of Approach

Please complete form and place before the Soundness of Approach narrative section of your application.

A. Category of Assistance. Check only one of the following two boxes.

- Category 1: Special Projects of National Significance.**
- Category 2: Projects which are part of long-term comprehensive strategies for providing housing and related services** in an area that did not qualify for a HOPWA formula award.

B. Duplication of Assistance Requested. Please indicate if you or your project sponsor is seeking funding under this HOPWA competition for an activity that is duplicated in an application under the HUD Continuum of Care Homeless Assistance 2003 competition as follows:

- A proposed HOPWA activity is identical and *duplicates funding* requested in an application for HUD continuum of care funding;
- A proposed activity is related but *not identical* to the requested funding.
- No related assistance is being requested.

D. Service Area. Please identify the intended service area, i.e., the name of the community or metropolitan area, or, if activities are planned for a state-wide or nation-wide basis:

HOPWA Application
Part D -Forms

Appendix D

OMB Approval No. 2506-0133
Expiration Date 11/30/2003**C. Summary of Proposed Accomplishments.**

Summary of Housing Assistance: Please provide best estimates in the following table. Enter number of units of housing served if project is funded and is fully implement and operational.

1. Facility-based Housing: Enter total units to be provided.		Accomplishment by Year		
		Year 1	Year 2	Year 3
Short-term facility				
Single room occupancy dwelling	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-permanent			
Community residence	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-permanent			
Other housing facility (specify) _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-permanent			
2. Scattered-site Payments		Year 1	Year 2	Year 3
Tenant-based rental assistance				
Short-term rent, mortgage, and utility payments				
Total Units				

Example: If your four-unit community residence will be funded and operational in each of the next three years, enter 4 in each of the 3 boxes after community residences.

Summary of Persons Assisted. Please provide best estimates in the following table:

	Accomplishment by Year		
	Year 1	Year 2	Year 3
1. Number of persons with HIV/AIDS who will receive some form of housing assistance			
2. Number of family members of the above who will be residing with the person receiving housing assistance			
3. Number of persons with HIV/AIDS who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 1 above)			
4. Number of other family members who will only be receiving some form of supportive services (persons receiving both services and housing are reported in item 2 above).			
5. Number of persons who will be receiving housing information services.			

Example: If some clients transition out of your four unit community residence each year and new clients enter the project, enter you best estimate of all the persons projected to be served for each year.

E. Project Sponsors and Sites. Below or on a separate page, if needed, identify all the project sponsors that are involved in your proposed project, including the amount of funds each will utilize; and the sponsor's mailing address, telephone, email address, fax number, and the name of a contact person. Your narrative on the proposed program activities should also specify which activities each sponsor will be carrying out.

Sites. For projects involving sites, for example, a structure where HOPWA funds will be used for new construction, acquisition, rehabilitation, operating costs, and/ or project-based rental assistance, please attach or provide the address of the project site.

Confidentiality.

- Confidential Site. (Do not release the street location of this project.)
- Public Site. (The address may be released to inform clients and the public.)

Photo. Please attach a photograph of the structure (except for new constructions).

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F. Additional Information

The Department of Housing and Urban Development needs the following information to respond to public inquiries about program benefit. Your responses will not affect in any way the scoring of your submission.

1. Which of the following subpopulations will your project serve? (Check all that apply)
 - Severely Mentally Ill
 - Chronic Substance Abuse
 - Multiply-Diagnosed
 - Victims of Domestic Violence
 - Veterans

2. Will the proposed project be located in a rural area? (A project is considered to be in a rural area when the project either (1) is in an area outside of Metropolitan Areas, or (2) is outside of the urbanized areas within a Metropolitan Area.)
 - Yes
 - No

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

Please include this page in your application. Page

Form HUD-40110-B (3/03)

HOPWA Project Budget Form

A. Project Summary Budget. In columns A & B, enter the appropriate amount of funding that will be utilized for the HOPWA eligible activity for all years requested. For example, in column A enter the amount of HOPWA funds being requested for each eligible activity. In column B, enter the amount of other funds, if any, (i.e. private, local, or state resources) that will be used in conjunction with the requested HOPWA funds to complete the project. Enter the sum total of requested *HOPWA funds* and *Other funds* (sum of columns A & B) in column C. Enter the totals of each column in line 16 of the budget form. For additional details on eligible activities and limitations, consult the program regulations at 24 CFR 574.300-340.

Eligible Activity	Project Funding		
	A. HOPWA	B. Other	C. Total
1. Acquisition	\$	\$	\$
2. Rehabilitation, Repair, & Conversion*	\$	\$	\$
3. New Construction*	\$	\$	\$
4. Lease	\$	\$	\$
5. Operating Costs	\$	\$	\$
6. Supportive Services (May not exceed 35% of activity costs.)	\$	\$	\$
7. Housing Information	\$	\$	\$
8. Technical Assist. & Resource Identification (May not exceed 20% of activity costs.)	\$	\$	\$
9. Rental Assistance	\$	\$	\$
10. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	\$	\$	\$
11. Other (name the type of alternative activity that is also described in exhibit 3)	\$	\$	\$
12. Subtotal of Activity Costs (not to exceed \$1,200,000)	\$	\$	\$
13. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	\$	\$	\$
14. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	\$	\$	\$
15. Collect data on Project Outcomes (not to exceed \$50,000)	\$	\$	\$
16. Total	\$	\$	\$

*If over \$200,000, the project would be subject to Sec. 3 requirements, if selected, pertaining to economic opportunities for low and very low-income persons.

HOPWA Application
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B. Annual Summary Budget. In columns A through C enter the requested amount of HOPWA funds by year. The term of the grant may be up to 3 years. In column D, enter the total amount of requested HOPWA funds for each year by summing columns A through C. The totals in Column D should equal the totals in Column A in Section A-“Project Summary Budget” and should represent your total request for HOPWA funds. Enter the totals of each column in line 16 of the budget form.

Indicate the number of years you are requesting renewal funding (1-3 years).

Eligible Activity	Project Funding			
	A. Year 1	B. Year 2	C. Year 3	D. Total
1. Acquisition	\$	\$	\$	\$
2. Rehabilitation, Repair, & Conversion*	\$	\$	\$	\$
3. New Construction*	\$	\$	\$	\$
4. Lease	\$	\$	\$	\$
5. Operating Costs	\$	\$	\$	\$
6. Supportive Services (May not exceed 35% of activity costs)	\$	\$	\$	\$
7. Housing Information	\$	\$	\$	\$
8. Technical Assist. & Resource Identification (May not exceed 20% of activity costs.)	\$	\$	\$	\$
9. Rental Assistance	\$	\$	\$	\$
10. Short-term Rent, Mortgage, and Utility Payments to Prevent Homelessness	\$	\$	\$	\$
11. Other (name the type of alternative activity that is also described in exhibit 3)	\$	\$	\$	\$
12. Subtotal of Activity Costs (not to exceed \$1,200,000)	\$	\$	\$	\$
13. Grantee's Administrative Costs (not to exceed 3% of Subtotal)	\$	\$	\$	\$
14. Project Sponsor's Administrative Costs (not to exceed 7% of amounts received by sponsors)	\$	\$	\$	\$
15. Collect data on Project Outcomes (not to exceed \$50,000)	\$	\$	\$	\$
16. Total	\$	\$	\$	\$

*If over \$200,000, the project would be subject to Sec. 3 requirements, if selected, pertaining to economic opportunities for low and very low-income persons.

Please include this page in your application. Page

Form HUD-40110-B (3/03)

C. Project Descriptive Budget.

Instructions:

- A. For the grantee and each project sponsor receiving HOPWA funds under this application, please complete the Project Descriptive Budget Form. The first form should be completed for the grantee, followed by one form for each project sponsor. In the form number boxes enter the number of the form followed the total numbers of forms submitted. For example, if you are the grantee and have two project sponsors, you will complete three forms. The first form should be for the grantee and will be number as (1 of 3). You will then complete two additional forms for each project sponsor. The first project sponsor form will be numbered as (2 of 3), and the second (3 of 3).
- B. Enter the name of the organization (grantee or project sponsor).
- C. As applicable, mark if you are completing this form for the grantee or project sponsor.
- D. For each HOPWA Eligible Activity that you are requesting HOPWA funding, give a brief description of the activity. This description should be a 1-2 line summary of the activity as presented in your application. In addition, reference the project goal or objective which corresponds to the described activity. See the below examples:

EXAMPLE 1:

HOPWA Eligible Activity and Description	HOPWA Request
Rental Assistance	\$100,000
Description: <i>Provide long-term, tenant-based rental assistance through the "Rent Project" to 25 individuals and 10 families per year over a three-year grant period. (See Project Goals/Objectives, Goal 1 pg. 23)</i>	

EXAMPLE 2:

Eligible Activity and Description	HOPWA Request
Supportive Services	\$30,000
Description: <i>Provide case management, nutritional services, and mental health counseling to 45 individuals in the "AIDS Housing" facility each year for the three years of the grant term. (See Project Goals/Objectives, Goal 3, pg. 21)</i>	

- E. For each HOPWA Eligible Activity (lines 1-13), enter the amount of requested HOPWA funds. NOTE: A sum of each HOPWA request completed on the Project Descriptive Budget for the grantee and each project sponsor, should equal the totals entered in Section A - Column A of the Project Summary Budget.

HOPWA Application
Part D -Forms

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A. HOPWA Project Description Budget Form *Form* of

B. Name of Grantee/Project Sponsor: _____

C. Mark one of the following:
Grantee Project Sponsor

Is the organization a religious organization, or a religiously affiliated or motivated organization? (Note: This characterization of religious is broader than the standards used for defining a religious organization as "primarily religious" for purposes of applying HUD's church/state limitations. For example, while the YMCA is often not considered "primarily religious" under applicable church/state rules, it would likely be classified as a religiously motivated entity.)

Yes No

D. Eligible Activity and Description	E. HOPWA Request
1. Acquisition Description:	\$
2. Rehabilitation, Repair & Conversion Description:	\$
3. New Construction Description:	\$
4. Lease Description:	\$
5. Operating Costs Description:	\$
6. Supportive Services Description:	\$
7. Housing Information Description:	\$

HOPWA Application
Part D -Forms

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D. Eligible Activity and Description	E. HOPWA Request
8. Technical Assistance and Resource Identification Description:	\$
9. Rental Assistance Description:	\$
10. Short-term Rent, Mortgage & Utility Payment to Prevent Homelessness Description:	\$
11. Other (name the type of alternative activity that is also described exhibit 3) Description:	\$
12. Administrative Costs (Grantee or Project Sponsor) Description:	\$
13. Collect data on Project Outcomes (not to exceed \$50,000) Description:	\$

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

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**ASSISTED LIVING CONVERSION
PROGRAM (ALCP) FOR ELIGIBLE
MULTIFAMILY HOUSING PROJECTS**

Billing Code 4210-32-C

Funding Availability for the Assisted Living Conversion Program (ALCP) for Eligible Multifamily Housing Projects

Program Overview

Purpose of the Program. The purpose of this program is to provide grants for the conversion of some or all of the dwelling units in an eligible project into assisted living facilities (ALFs) for frail elderly persons.

Available Funds. Approximately \$64 million are available for the conversion of eligible multifamily projects to ALFs (\$25 million under the Fiscal Year 2003 Consolidated Appropriations Resolution and \$39 million in carryover funds).

Eligible Applicants. Only private nonprofit project owners of eligible developments (as described in Section III of this NOFA) may apply for and become the recipient of a grant.

Application Due Dates. July 10, 2003.

Match. None required.

Additional Information

I. Application Due Date, Application, and Technical Assistance

Application Due Date. Your completed application (one original and four copies) is due on July 3, 2003, at the address shown below.

Application Submission Procedures. New Mailing and Receipt Procedures. HUD has implemented new procedures that impact application submission procedures:

(1) You may not hand deliver your application. HUD will reject any hand delivered application.

(2) You must submit your application to the Multifamily Hub Office that has jurisdiction for the housing development included in your application.

(3) You may submit your application via any mail delivery service; however, HUD recommends that ALCP applications be sent via the United States Postal Service (USPS) as access by other delivery services is not guaranteed.

(4) If you mail your application to the wrong HUD Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate office.

See the General Section of the SuperNOFA for specific procedures governing the mailing of applications.

Addresses for Submitting Applications. The official place for receipt of your application is ONLY in the appropriate HUD Multifamily Hub Office. Submit an original and four copies of the ALCP application to the Director of the appropriate HUD

Multifamily Hub Office, as listed in Appendix A of this NOFA, with jurisdiction over your development. (To facilitate applicants knowing the correct location to send the application, Appendix B to this NOFA lists the 18 Multifamily Hubs with the Program Centers under each Hub.) Your application will be considered timely filed if your application is received by the designated HUD Office no later than 3:30 pm on the application due date.

For Further Information and Technical Assistance. You should contact the Multifamily Hub where you will be mailing your ALCP Application. (Please refer to Hub telephone numbers in Appendix A.)

You also may contact Faye Norman, Housing Project Manager at (202) 708-3000 x2482 or Aretha Williams, Director, Grant Policy and Management Division, Room 6138 at (202) 708-3000 x2480 for questions regarding the ALF grant award process. This is not a toll free number. Ms. Norman can be reached by e-mail at faye_l_norman@hud.gov and Ms. Williams at aretha_m_williams@hud.gov. Both Ms. Norman and Ms. Williams are located at the Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410.

If you have a hearing or speech impairment, you may access the telephone number via TTY by calling the Federal Information Relay Service at 1-800-877-8339.

Application. All information for the submission of your application is included in this NOFA and the General Section of the SuperNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix C of this NOFA. You may also obtain an ALCP application by calling the SuperNOFA Information Center at (voice) 1-800-HUD-8929 (1-800-483-8929). Persons with hearing or speech impairment may call the Center's TTY number at 1-800-HUD-2209. Please be sure to provide your name, address (including zip code), and telephone number (including area code). The application is also available on the Internet through the HUD Web site at <http://www.hud.gov/grants>.

Note: There is a separate application for service coordinator funds (which is necessary for those needing to enhance or add service coordination per Section IV (D)(13) of this NOFA).

II. Amount Allocated

This NOFA makes available approximately \$64 million

(approximately \$54 million for the physical conversion of eligible multifamily assisted housing projects or portions of projects to ALFs and approximately \$10 million for the conversion of up to 2 unused or underutilized commercial properties to ALFs). The Fiscal Year (FY) 2003 funding of \$25 million is in the Consolidated Appropriations Resolution, 2003, Pub. L. 108-7, approved February 20, 2003. The \$64 million includes \$39 million in carryover funds. The allocation formula used for the ALCP to fair share the \$64,000,000 reflects demographic characteristics of age and incidence of frailty that would be expected for program participants. The FY 2003 formula consists of one data element from the 2000 decennial census: The number of non-institutional elderly population aged 75 years or older with a disability.

A fair share factor for each state was developed by taking the sum of the persons aged 75 or older with a disability within each state as a percentage of the sum of the same number of persons for the total United States. The resulting percentage for each state was then adjusted to reflect the relative difference in the cost of providing housing among the states. The total of the grant funds available (\$54 million) was multiplied by the adjusted fair share percentage for each state, and the resulting funds for each state were totaled for each Hub.

The ALCP grant funds fair share allocations, based on the formula above, to the 18 multifamily Hubs are as shown on the following chart:

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE ASSISTED MULTIFAMILY PROJECTS

HUB	Grant authority
Boston	3,268,998
Buffalo	1,296,581
New York	4,366,033
Philadelphia	5,422,739
Baltimore	2,502,497
Greensboro	3,140,895
Atlanta	5,052,490
Jacksonville	4,921,568
Chicago	4,157,759
Columbus	2,129,329
Detroit	2,035,287
Minneapolis	1,864,837
Fort Worth	5,922,712
Kansas City	2,998,763
Denver	1,533,734
Los Angeles	5,524,003
San Francisco	5,437,398
Seattle	2,424,377

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE ASSISTED MULTIFAMILY PROJECTS—Continued

HUB	Grant authority
Total	64,000,000

III. Program Description: Eligible and Ineligible Applicants, Developments, and Activities

(A) *Program Description.* Assisted living facilities (ALFs) are designed to accommodate frail elderly persons and people with disabilities who need certain support services (e.g., assistance with eating, bathing, grooming, dressing and home management activities). ALFs must provide support services such as personal care, transportation, meals, housekeeping, and laundry. Frail elderly person means an individual 62 years of age or older who is unable to perform at least three activities of daily living (ADLs) as defined by the regulations for HUD's Section 202 Program (Supportive Housing for the Elderly) at 24 CFR 891.205. Assisted living is defined in section 232(b)(6) of the National Housing Act (12 U.S.C. 1715w).

The ALCP provides funding for the physical costs of converting some or all of the units of an eligible multifamily development into an ALF, including unit configuration, common and services space and any necessary remodeling, consistent with HUD or the State's statute/regulations (whichever is more stringent). Typical funding will cover basic physical conversion of existing project units, as well as common and services space. There must be sufficient community space to accommodate a central kitchen or dining facility, lounges, recreation and other multiple-areas available to all residents of the project, or office/staff spaces in the ALF. When food is prepared at an off-site location, the preparation area of the facility must be of sufficient size to allow for the installation of a full kitchen, if necessary. You must provide supportive services for the residents either directly or through a third party. Your application must include a firm commitment for the supportive services to be offered within the ALF as part of the application. You may charge assisted living residents for meals and/or service fees. Residents may contract with third party agencies directly for nursing, therapy or other services not offered by the ALF.

(B) *Eligible Applicants.* Only private nonprofit owners of eligible multifamily assisted housing developments specified in section 683(2) (B), (C), (D), (E), and (F) of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992) and private nonprofit owners of an unused or underutilized commercial property are eligible for funding. To be eligible, project owners must meet the following criteria where applicable:

(1) Must be in compliance with your Loan Agreement, Capital Advance Agreement, Regulatory Agreement, Housing Assistance Payment contract, Project Rental Assistance Contract, Rent Supplement or LMSA contract, or any other HUD grant or contract document.

(2) Must be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). See Section V(B) (2) of the General Section of the SuperNOFA for further explanation.

Note: If your eligibility status changes during the course of the grant term, making it ineligible to receive the grant (e.g., prepayment of mortgage, sale/TPA of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD retains the right to terminate the grant and recover funds made available through this NOFA.

(C) *Ineligible Applicants.*

(1) Owners of developments designed specifically for people with disabilities.

(2) Owners of Section 232 developments.

(3) Property management companies and agents of property management companies.

(4) Limited dividend partnerships.

(5) Nonprofit Public Agencies.

(6) Owners of unused/underutilized hospitals or other health-related facility which are considered to be eleemosynary institutions rather than commercial enterprises.

(D) *Eligible Developments.*

(1) Eligible projects must be owned by a private, nonprofit entity and designated primarily for occupancy by elderly persons. Projects must have been in occupancy for at least 5 years from the date the HUD Form 92485, Permission to Occupy Project Mortgage, was approved by HUD's Construction Manager as Chief Architect, and have completed final closing. Additionally, eligible projects must meet one of the following criteria:

- Section 202 direct loan projects with or without Section 8 rental assistance,

- Section 202 capital advance projects receiving rental assistance under 202(C)(2),

- Section 515 rural housing receiving Section 8 rental assistance,
- Other projects receiving Section 8 project-based rental assistance,
- Projects subsidized with Section 221(d)(3) below-market interest mortgage,

- Projects assisted under Section 236 of the National Housing Act.

Your project must:

(a) Meet HUD's Uniform Physical Conditions Standards at 24 CFR part 5, subpart G. Meeting these standards as described, means that the project, based on the most recent Real Estate Assessment Center (REAC) physical inspection report and responses thereto, must have a "satisfactory" rating as evidenced by a score of 60 or better or a HUD-approved and on schedule repair plan for developments scoring less than 60. Additionally, the project must have no uncorrected and outstanding Exigent Health and Safety violations. Finally, the project must not have on file a management review with a rating of "minimally satisfactory" or "unsatisfactory" with open and unresolved findings.

(b) Have a residual receipts account separate from the Reserve for Replacement account, or agree to establish this account as a condition for getting the award(s).

(2) Unused and underutilized commercial properties.

(E) *Eligible Conversion Activities.*

Eligible activities are:

(1) Retrofitting to meet Section 504 accessibility requirements, minimum property standards for accessibility and/or building codes and health and safety standards for ALFs in that jurisdiction. Examples are items such as addition of:

(a) Sprinkler systems;

(b) An elevator or upgrades thereto;

(c) Lighting upgrades;

(d) Major physical or mechanical systems of projects necessary to meet local code or assisted living requirements;

(e) Upgrading to accessible units for the ALF with moveable cabinetry, accessible appliances, sinks, bathroom and kitchen fixtures, closets, hardware and grab bars, widening of doors, etc.;

(f) Upgrades to safety and emergency alert systems;

(g) Addition of hallway railings; and,

(h) Medication storage and work stations;

(2) Retrofitting to add, modify and/or outfit common space, office or related space for ALF staff including a service coordinator and file security, and/or a central kitchen/dining facility to support the ALF function (e.g., outfit lounge/common space/dining furniture, kitchen equipment for cooking/serving and dishware).

(3) Retrofitting to upgrade a regular unit to an accessible unit for a person/family with disabilities who is being displaced from an accessible unit in the portion of the project that is being converted to the ALF, where another accessible unit is not available.

(4) Temporary relocation (not applicable to commercial property).

(5) Consultant, architectural and legal fees.

(6) Vacancy payments not more than 30 days after conversion to an ALF.

(F) *Ineligible Activities*. You may not use funds available through this NOFA to:

(1) Add additional dwelling units to the existing project (not applicable to commercial property);

(2) Pay the costs of any of the necessary direct supportive services needed to operate the ALF;

(3) Purchase or lease additional land;

(4) Rehabilitate (see definition at 24 CFR 891.105) the project for needs unrelated directly to the conversion of units and common space for assisted living;

(5) Use the ALCP to reduce the number of accessible units in the project that are not part of the ALF (not applicable to commercial property);

(6) Permanently relocate any resident out of the project; and,

(7) Increase the management fee.

IV. Program Requirements

In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, each applicant must comply with the following requirements:

(A) *Statutory, Regulatory, and Other Program Requirements*. You must comply with all applicable statutory requirements to the projects specified in Section 202(b) and statutory requirements under Section 232(b)(6). Please note that all ALCP projects must conform to the 500-year flood plain limitation (See Section VII of this NOFA.) Construction of ALCP units is considered a "critical action" for purposes of the flood plain requirement.

Excess Residual Receipts (over \$500/unit) and Reserve for Replacement (R4R) funds (over \$1000/unit) in Project Accounts that are not approved for another use at the time of application to HUD under this NOFA are considered available funds and must be applied towards the cost of conversion activities. Before making this determination, however, HUD staff will consider the extent of repair/replacement needs indicated in the most recent REAC physical inspection and not yet approved and any ongoing

commitments such as non-grant-based service coordinator or other funding, where existing, deduct the estimated costs of such items from the R4R and residual receipts balances to determine the extent of available residual receipts and R4R funds for the ALCP. (This paragraph is not applicable to commercial properties.)

If funded, you must also file a HUD Form-2530 for all construction contractors, architects, consultants, and service provider organizations under direct contract with you that will be engaged under this NOFA and comply with all State and local licensing, zoning and building code requirements.

(B) *Meals and Supportive Services*. You must develop and submit a Supportive Services Plan (SSP) for the services and coordination of the supportive services which will be offered in the ALF to the appropriate state or local organization(s) which are expected to fund those supportive services. (See Section VI(B)(8) of this NOFA below, for the information which must be in the SSP.) You must submit one copy of your SSP to each appropriate State or local service funding organizations well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and an indication of the funding commitment, which you will then include with the application you submit to HUD.

You must ALSO submit the SSP to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services identified in your SSP, are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

Finally, you must also submit an agreement to pursue appropriate ALF licensing in a timely manner.

(C) *Minimum Size Limits for an ALF*. An ALF must be economically feasible. Consistent with HUD Handbook 4600.1, CHG-1, the minimum size for an ALF is five units.

(D) *Program Requirements*. The following program requirements apply: (**Note:** Program Requirements described in paragraphs 3, (8)(a) and (b), and (12) below are not applicable to applicants requesting funding to convert commercial facilities):

(1) Your ALF facility must be licensed and regulated by the state (or if there is no state law providing such licensing

and regulation, by the municipality or other subdivision in which the facility is located). Each assisted living unit must include its own kitchen, bathroom, bedroom, living/dining area (1 bedroom unit) or kitchen, bathroom, bedroom/living/dining area (efficiency unit) and must meet the state and/or local licensing, building, zoning and other requirements for an ALF.

(2) Your ALF must be available to qualified elderly persons and persons with disabilities, consistent with the rules and payment plans of the State, who need and want the supportive services in order to remain independent and avoid premature institutionalization.

(3) Your ALF's residents must be tenants or residents of the multifamily project and must comply with the requirements applicable to the project. Thus, you cannot charge additional rent over what is charged to residents in the non-ALF portion of the project. All admissions to the ALF must be through the applicable project admissions office. However, persons accepted into the ALF also must sign an ALF admissions agreement which shall be an addendum to the applicable project lease.

(4) At a minimum, your ALF must provide room, board (as defined in Section IV(B)(6)(below) and continuous protective oversight (CPO). CPO involves a range of activities and services that may include such things as awareness by management and staff of the occupant's condition and location as well as an ability to intervene in a crisis for dependent and relatively independent occupants on a 24-hour basis. The two occupant groups in an ALF are:

(a) *Independent Occupants:* Awareness by management and staff of the occupant's condition and whereabouts as well as the availability of assistance for the occupants as needed.

(b) *Dependent occupants:* Supervision of nutrition, assistance with medication and continuous responsibility for the occupants' welfare.

(5) Anyone moving into an ALF unit must agree to accept as a condition of occupancy the board and services required for the purpose of complying with state and local law and regulation. However, occupancy in an ALF unit may not be conditioned on receipt of other services or board not required by state or local requirements.

(6) Your ALF must offer three meals per day to each resident.

(a) Residents whose apartments have kitchens must take at least the number of meals a day provided by the facility, per their mandatory meals requirement,

or as required by state or local rules, if more stringent. If the facility does not have a mandatory meals plan, then state and local rules govern.

(b) Residents in projects which were originally constructed without kitchens in their units must take such meals as required by their mandatory meals agreement, or by the state's mandated requirements if more stringent (e.g., 2 meals, 2 snacks daily).

In either case, ALF management must coordinate meals requirements with the needs of residents who are out part of the day (e.g., in day care). The meals program may not be operated at a profit by the project owner.

(7) Your ALF's operation must be part of the project owner's management organization. Some or all of its functions may be contracted out. The ALF must predicate its budget on a two-tiered structure under which board and supportive service income and expenses must be maintained separately and independently from the regular income and expenses of the applicable project. The two components of ALF costs are:

(a) Charges/payment for board, which may be on a sliding scale or any other equitable fee system; and

(b) Charges/payment for necessary supportive services, which may include a combination of resident fees, Medicaid and/or other third party payments.

(8) Priority admissions for ALF units are as follows:

(a) Current residents desiring an ALF unit and meeting the program requirements (no resident can be required to accept an ALF unit).

(b) Qualified individuals or families needing ALF services who are already on the project's waiting list;

(c) Qualified individuals or families in the community needing ALF services wanting to be added to the project's waiting list; and

Note: Qualified disabled non-elderly persons needing assisted living services are eligible to occupy these units on the same basis as elderly persons, except for section 202 project rental assistance contracts (PRAC) projects and unused/underutilized commercial properties.

(9) The management of the project must set up a separate waiting list for ALF units. ALF units must be for eligible residents who meet the admissions/discharge requirements as established for assisted living by State and local licensing, or HUD frailty requirements under 24 CFR 891.205 if more stringent.

(10) Costs of meals and supportive services are not covered by this HUD grant. These items must be paid for through other sources (e.g., a mix of resident fees and/or third party

providers). Evidence of third party commitment(s) must be included as part of the application. (See Section VI B(6) of this NOFA.) The assisted living supportive services program must promote independence and provide personal care assistance based on individual needs in a home-like environment. In accordance with Section 504 of the Rehabilitation Act of 1973 and HUD's regulations at 24 CFR 8.4(d), the project must deliver services in the most integrated setting appropriate to the needs of qualified individuals with disabilities (see Section VI(B)(8)(b) through (c) of this NOFA).

(11) Upon receipt of a grant under this program, all project owners participating in the ALCP must provide a Declaration of Restrictive Covenants (DRC), which will be recorded with the land, to retain the low income character of the housing, and to maintain the project (including the ALF), as a moderate, low, or very low income facility (as appropriate) for at least 20 years beyond the current 40-to-50 year term of the mortgage loan or capital advance. Recipients of grant funds to convert unused or underutilized commercial property must provide a DRC for at least 20 years or for the term of the mortgage on the property whichever is longer.

(12) This program does not allow permanent displacement of any resident living in the project at the time the application was submitted to HUD. (HUD will only provide temporary relocation costs for current tenants if they must vacate their unit while conversion work is underway (normal temporary relocation costs include increases in rent, reconnection of telephones, moving costs and appropriate out-of-pocket expenses)).

(13) The ALCP requires service coordination responsible for linking the ALF to services in the community which are available to low-income persons. All projects funded under this NOFA must have sufficient service coordination in place, or request additional funds, if appropriate, to ensure that services meeting licensing requirements are available to ALF residents on an ongoing basis. Service coordination must be described in the application (see Section VI(B)(8)(b) through (c) of this NOFA). If you need to enhance an existing service coordination program or add one where it does not exist, you may apply for funding through the Service Coordinator NOFA, published elsewhere in this SuperNOFA, and attach a copy of the Form HUD 424 so indicating the request to the ALCP application. Alternatively,

you may show evidence that funding for the enhanced service coordination is provided by other sources and indicate such funding on the HUD Form 424 which is exhibit 10(a) of your ALF application. If you are funded under this NOFA and requested new or enhanced service coordination you will be funded first under the service coordinator NOFA.

Note: If you are a Section 202 PRAC project owner or an owner with unused or underutilized commercial properties, you are NOT eligible to request funding under the service coordinator NOFA. Section 202 PRAC owners can pay for the service coordinator out of PRAC funds.

In addition to above requirements, the following applicable guidelines are stated:

(a) The ALF must be staffed either directly or through coordination with local agencies, depending on state regulations or local requirements. These may also serve non-ALF residents of the project on a time available and appropriate fee basis.

(b) The ALF may cater to the special needs of residents depending on their condition or diagnosis, such as Alzheimer's disease. If it does so, the design/environment of such facilities must accommodate those needs, e.g., dementia special care unit. However, the ALF cannot provide a service it is not licensed by the State or locality to provide.

Note 1: Owners of section 202/PRAC projects are reminded that they may include a PRAC payment of up to \$15/unit/month not to exceed 15% of the total program cost, consistent with 24 CFR 891.225(b)(2) to cover part of the cost of meals and/or supportive services for frail elderly residents, including residents of the ALF.

Note 2: Training for ALF staff is an eligible project cost under existing operating procedures.

For further information on ALFs, please refer to Handbook 4600.1, CHG-1, "Mortgage Insurance for Residential Care Facilities," Chapter 13. This Handbook and recent ALF program Notices are accessible through HUDCLIPS on HUD's web site. The URL for the HUDCLIPS Database Selection Screen is <http://www.hudclips.org/subscriber/cgi/legis.cgi>. These notices are in the Handbooks and Notices—Housing Notices database. Enter only the number without the letter prefix (e.g., 99-16) in the "Document number" to retrieve the program notice.

For further guidance on service coordinators, please refer to Handbook 4381.5 REV-2, CHANGE-2, Chapter 8, "The Management Agent's Handbook,"

which is also available through the HUDCLIPS database.

(E) *Compliance with Other Program Requirements:* By the submission of the application for grant funds, the Owner is certifying to comply with the following program requirements:

(1) Establish a residual receipt account as soon as there is surplus cash available, if applicable.

(2) Apply for an ALF license with due diligence and in a timely fashion.

(3) Comply with the requirements of the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations at 24 CFR part 135, the affirmative fair housing marketing requirements of 24 CFR part 200, subpart M and the implementing regulations at 24 CFR part 108, which requires that the project be marketed to those least likely to apply including those who are not generally served by the agency administering the program, and other applicable Federal, State and local laws prohibiting discrimination and promoting equal opportunity including affirmatively furthering fair housing, and other certifications listed in the application.

(4) Comply with section 232 of the National Housing Act, as applicable, the Uniform Federal Accessibility Standards (24 CFR 40.7), section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990 for all portions of the development physically affected by this proposal;

(5) Comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act as applied to this program. While it has been determined that Davis-Bacon does not apply statutorily to the ALCP, the Department has administratively determined that Davis-Bacon standards and overtime rates in accordance with the Contract Work Hours and Safety Standards Act will be adhered to in any ALCP conversion grant in which the total cost of the physical conversion to an ALF (and including any additional renovation work undertaken at the same time) is \$500,000 or more (this includes ALCP grant funds, owner funds, or any third party funds loaned or granted in support of the conversion or other renovation for the project associated with this grant), and in which the ALF portion of the project is 12 units or more.

V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete before submitting it to HUD.

HUD will screen all applications received by the deadline for curable deficiencies. With respect to correction of deficient applications, HUD may not, after the application due date and consistent with HUD's regulations in 24 CFR part 4, subpart B, consider any unsolicited information an applicant may want to provide. HUD may contact an applicant to clarify an item in the application or to correct technical deficiencies. Please note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of a response to any selection factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. *Examples* of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, under this NOFA, the appropriate HUD Multifamily Hub Office will notify you in writing by describing the clarification or technical deficiency. You must submit clarifications or corrections of technical deficiencies in accordance with the information provided by the Hub Office within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday, or Federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or Federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete, and it will not be considered for funding. The following is a list of the deficiencies that will be considered curable in ALCP applications:

Exhibits

- (1) *(a) Articles of Incorporation, or certification of Articles of Incorporation.
- * (b) By-laws, or certification of by-laws.
- (3) Evidence of occupancy for at least five years (not applicable to commercial facilities).
- (5) (c) Original project plans.
- (h) Relocation (not applicable to commercial property).
- (7) Evidence of Permissive Zoning.
- (10) *Certifications and Forms*
 - (a) HUD Form 424, Application for Federal Assistance, including Federal

Assistance Funding Matrix, and Compliance with Executive Order 12372.

(b) HUD Form 424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and Certification Regarding Debarment and Suspension.

(c) Form HUD 2880, Applicant/Recipient Disclosure/Update Report including Social Security and Employment Identification numbers.

(d) Form HUD-2991, Certification of Consistency with the Consolidated Plan (Plan), for the Jurisdiction in which the Proposed ALF will be located.

The appropriate Hub Office will notify you in writing if your application is missing any of the exhibits listed above and you will be given 14 days from the date of receipt of the HUD notification to submit the information required to cure the noted deficiencies. The exhibits identified by an asterisk (*) must be dated on or before the application deadline date. If not so dated the application will be rejected.

After the completeness review, HUD staff will review your application to determine whether the application meets the threshold requirements listed below. Only if your application meets all the threshold requirements is it eligible to be rated and ranked. Applications that do not pass threshold will be rejected.

(B) *Threshold Review.* In order to pass threshold, you must:

(1) Be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a), and as noted earlier in this NOFA under Sections III(B)(2) and IV(E).

(2) Be an eligible applicant.

(3) Not request more funds than advertised.

(4) Additionally, HUD will also reject your application if the SSP and/or commitment and support letter(s) from the appropriate funding organizations and the appropriate licensing agency(ies):

(i) Are not submitted with your application;

(ii) Indicate that the ALF units, facilities, meals and supportive services to be provided are not designed to meet the special needs of the residents who will reside in the ALF as defined in this NOFA,

(iii) Do not show commitment for funding the meals and supportive services proposed; or

(iv) Indicate that the project as proposed will not meet the licensing

requirements of the appropriate State/local agency(ies).

(C) **Review Panels.** The Office of Housing's Multifamily Hubs will establish panels to review all eligible applications that have passed threshold. The panels may include knowledgeable persons not currently employed by HUD.

(D) **Rating of Applications** (See paragraph below for selection of applications for commercial properties).

HUD staff teams will review and rate ALCP applications in accordance with the Ranking and Selection procedures (see Section V(F) of this NOFA). All applications will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, it will be rated according to the rating selection factors in Section V(G) of this NOFA. HUD reserves the right to reduce the amount requested in the application if any proposed components are ineligible or if the cost of items is not deemed reasonable. HUD will not reject an ALCP application based on technical review without notifying you of that rejection with all the reasons for the rejection, and providing you an opportunity to appeal. As discussed above, you will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the Multifamily Hub where the applications were sent originally. HUD staff will make a determination on an appeal before finalizing selection recommendations.

(E) **Applicant Debriefing.** All requests for debriefing must be made in writing and submitted to the local Hub in which you applied for assistance. Materials provided to you during your debriefing will include the final scores you received for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied. Information regarding this procedure may be found in the General Section of the SuperNOFA.

(F) **Ranking and Selection Procedures.** (Paragraphs (F)(1)–(4) are not applicable to applicants of commercial properties.)

Applications submitted in response to this NOFA that are eligible, pass threshold and have a total score of 75 points (or more) are eligible for ranking and selection. (Applications for the conversion of commercial properties with a score of at least 75 points will not be ranked but will be submitted to HUD Headquarters for selection.)

(1) Hub staff teams will be established for ALCP review in each Hub to do the application ratings (see Section V(D) above). See list of Hubs in Appendix A of this NOFA.

(2) From within rank order, Hub staff teams in each of the 18 Hubs will select the highest ranked applications from within that Hub in rank order, that can be funded from within the dollars available. Each Hub will select applications based on rank order up to and including the last application that can be funded out of each Hub's allocation. Hubs must not skip over any applications in order to select one based on the funds remaining.

(3) After making the initial selections, however, Hubs may use any residual funds to select the next rank-ordered application by reducing the dollars requested by no more than 10 percent (10%) and reducing the number of units proposed, but in no case reducing the number of units below the financial threshold feasibility of five ALF units.

(4) Funds remaining after these processes are completed will be returned to HUD Headquarters. HUD will use these funds first to fund Prentiss Jewish Federation of the HUD Detroit Hub, whose Fiscal Year 2002 ALCP application was not funded due to HUD error. Second, HUD Headquarters will use these funds to restore units to any project reduced as a result of using the residual grant funds in a Hub. Finally, HUD will use these funds for selecting one or more additional applications based on the Hubs rating and rankings, beginning with the highest rated application within the 18 Hubs. Only one application will be selected per Hub from the national residual amount. If there are no approvable applications in other Hubs, the process will begin again with the selection of the next highest rated application within the remaining Hubs. This process will continue until all approvable applications are selected using the available remaining funds. If there is a tie score between two or more applications, and there are insufficient residual funds to cover all tied applications, HUD Headquarters staff will choose the winning application(s) by lottery and/or reduction of grant requests consistent with the instructions above.

(5) Up to 2 applications will be selected using the \$10 million set-aside to provide grant funds to nonprofit applicants proposing to convert unused or underutilized commercial properties into assisted living. HUD Multifamily Hubs will review applications for commercial properties for completeness and compliance with the eligibility criteria set forth in Section III of this

NOFA. Hub staff will forward applications to Headquarters providing the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, includes all technical corrections by the designated deadline date and must have received a score of 75 points or more. Headquarters will select no more than 2 applications on a first-come, first-served basis that can be funded within the \$10,000,000 available.

Note: Only applications that can be fully funded will be selected. Any remaining funds after this selection process will be returned to the funds allocated for eligible multifamily assisted projects.

(G) **Factors For Award Used To Evaluate and Rate Applications.**

HUD will rate ALCP applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Section VI(B) of this NOFA, below. The maximum number of points an application may receive under this program is 100.

The Department encourages applicants to partner, fund or sub-contract with grassroots organizations, including faith-based and other community-based organizations in conducting their work programs. (See the General Section of the SuperNOFA for the definition of "grassroots organizations").

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (20 Points)

This factor addresses your capacity to carry out the conversion in a timely, cost-conscious and effective manner. It also reviews your experience with the supportive services which the ALF intends to provide to elderly residents, especially in such areas as meals, 24-hour staffing and on-site health care. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(5)(a), (8)(h), and of this NOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to carry out a successful conversion of the project and to implement the plan to deliver the supportive services on a long-term basis, considering the following:

(1) (9 points). The practicality of your plan and timetable to carry out the physical conversion of the development to the ALF.

(2) (10 points). Your past experience in providing or arranging for supportive

services either on or off site for those who are frail. (If you are applying to convert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) Examples are: Meals delivered to apartment of resident or in a congregate setting (2 points), arranging for or providing personal care (3 points), providing 24-hour staffing (1 point), providing or making available on-site preventive health care (2 points) and other support services (2 points).

(3) (1 point). Your organization is a "grassroots" organization as defined in the General Section of the SuperNOFA.

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

This factor addresses the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living). The application must provide evidence of current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and needs of potential residents in the housing market area for such persons including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area.

The factor also addresses your inability to fund the repairs or conversion activities from existing financial resources. In making this determination, HUD will consider project financial information or the organization's financial information for unused or underutilized commercial facilities. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(4)(a) through (d), (2)(c) and (9)(a) through (c) of the NOFA. In evaluating this factor, HUD will consider:

(1) (7 points). The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to convert unused or underutilized commercial facilities to assisted living.)

(2) (3 points (10 points for applications to convert unused or

underutilized commercial facilities to assisted living.)). The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area.

(3) (9 points). Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts. If the available R4R and residual receipts are less than 10% of the total funds needed = 9 points; if the available R4R and residual receipts are 10–50% of need = 5 points; and, if the available R4R and residual receipts are 51% or more of the total funds needed = 0 points). For commercial properties, if the available working capital exceeds 10 percent of the total conversion = 5 points; if the working capital is less than 10 percent of the total conversion = 9 points.

(4) (1 point). The Department will provide one (1) point to those applications which establish a connection between the proposed ALF and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidenced general support for conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applications proposing to convert unused or underutilized commercial facilities). There must also be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(2)(a) through (c), VI(B)(5)(b) through (e) and (h) and (7 and VI(B)(8))(a) through (e) and (g) and (h) of this NOFA. In evaluating this factor, HUD will consider the following:

(1) (12 points). The extent to which the proposed ALF design will meet the special physical needs of frail elderly persons or persons with disabilities

expected to be served at reasonable cost (consider the ALF design: meets needs = 12 points; ALF design partially meets needs = 6 points; and ALF design does not meet needs = 0 points).

(2) (12 points). The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services planned will be accomplished over time. (Consider ALF design/management plan: meets needs of management operations = 12 points; ALF design/management plan partially meets needs of management operations = 6 points; and ALF design/management plan does not meet needs of management operations = 0 points.)

(3) (7 points). The extent to which the proposed supportive services meet the anticipated needs of the frail elderly and disabled residents (does meet = 7 points; partially meets needs = 4 points; and, does not meet needs = 0 points); and

(4) (7 points). The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF (does meet = 7 points, partially meets = 4 points, does not meet = 0 points).

(5) (2 points). The extent to which you demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI processes to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes. For the ALCP to succeed, you must generate local funding for the necessary supportive services to operate the ALF. HUD also encourages local funding for some of the necessary conversion work, or other work needed in the project (e.g., general modernization) which is not specifically linked to the ALF).

Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(5)(f), (g), and (B)(6) and B(8)(f) of this NOFA.

(1) (5 points). The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of

the ALF is covered. Consider 90% or more commitment for the total budget with no more than 10% general support = 5 points; 80–89.9% or more commitment for the total budget with no more than 20% general support = 4 points; 65–79.9% firm commitment with no more than 35% general support = 3 points; 40–64.9% firm commitment for the total budget with more than 60% general commitment = 2 points; less than 40% firm commitment for the total budget with no more than 60% general support = 0 points.

(2) (3 points). The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion (consider 50% or more = 3 points, 20–49.9% = 2 points, and under 20% = 0 points).

(3) (2 points). The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA (consider yes = 2 points, no = 0 points).

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability. This factor emphasizes HUD's commitment to ensure that promises you made in the application are kept; and to ensure performance goals with outcomes are established and are met (see the General Section of this SuperNOFA for more detail). Outcomes may include the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living and an improved living environment, as well as the extent to which the project will be viable absent HUD funds but rely more on state, local and private funds. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)5(a)–(g)(2)(d), (B)(8)(a)–(e) of this NOFA.

(1) (4 points). The extent to which your conversion timeframe reflect the length of time it will take to convert the units describing how residents will benefit from the conversion of the units; and how the converted units will result in ALF residents being able to age in place;

(2) (2 points). The extent to which your assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment.

(3) (2 points). The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds.

(4) (2 point). The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve (is fully addressed = 2 points, no or not addressed = 0 points).

VI. Application Submission Requirements

(A) *Application—General*. Your application must include all of the information, materials, forms, and exhibits listed in Section VI(B). In cases where your (i) articles of incorporation and (ii) by-laws have NOT changed since the project was originally approved by HUD, self-certification to that effect—that the documents on file with HUD are current—is sufficient. Items in Section VI(B) for which self-certification of currency is possible are denoted by a “***”.

In addition to the relief of paperwork burden in preparing applications, you will not have to submit certain new/recent information and exhibits you have previously prepared. See individual item descriptions, below to identify such items. An example of such an item may be the FY 2002 Annual Financial Statement.

(B) *General Application Requirements*. (1) Application Summary for the Assisted Living Conversion Program and Evidence that you are a private non-profit organization or nonprofit consumer cooperative and have the legal ability to operate an ALF program, per the following:

(a) Articles of Incorporation, constitution, or other organizational documents, or self-certification of these documents, if there has been no change in the Articles since they were originally filed with HUD;** and

(b) By-laws, (for non-profits) or self-certification of by-laws, if there has been no change in the by-laws since they were originally filed with HUD.**

(2) A description of your community ties and established linkages:

(a) A description of your links to the community at large and to the minority and elderly communities in particular; and

(b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:

(i) The development of the application;

(ii) The development of the ALF operating philosophy;

(iii) Review of the application prior to submission to HUD; and

(iv) Your intent to involve eligible ALF residents in the operation of the project or not.

Also, in communities that have significant numbers of persons with limited English proficiency, applicants should demonstrate that they have made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

(c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes including:

(i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;

(ii) A listing of the Consolidated Plan/AI issue areas in which you participate; and

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed in your application.

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes. (Consult the local HUD Office for the identification of the Consolidated Plan community process for the appropriate area.)

(d) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. The description should include a discussion of performance goals with performance indicators (see the General Section of the SuperNOFA for further detail).

(3) Evidence of your project being in occupancy for at least five years as of the date of application to HUD. (Not applicable to commercial facilities.)

(4) A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:

(a) Evidence of need for the ALF by current project residents: (Not applicable to commercial facilities.)

(i) A description of the demographic characteristics of the elderly residents

currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to commercial facilities.)

(ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking; (Not applicable to commercial facilities.)

(b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Service); and an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.

(c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items in Section VI(B)(4)(a) and (b) of this NOFA).

(5) A description of the physical ALF conversion, including the following:

(a) How you propose to carry out the physical conversion (including a timetable and relocation planning).

(b) A short narrative stating the number of units, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Also, you must describe how this design will facilitate the delivery of services in an economical fashion in the most integrated setting appropriate to the needs of the participating residents with disabilities and accommodate the changing needs of the residents over at least the next 10 years.

(c) A copy of the original plans for all units and other areas of the development, which will be included in

the conversion. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility as well as a copy of the plans of the facility as most recently operated, if different).

(d) A description of the conversion must clearly address the following accessibility issues: All door openings must have a minimum clear opening of 32 inches; and, all bathrooms and kitchens must be accessible to and functional for persons in wheelchairs, according to the "Uniform Federal Accessibility Standards."

(e) Architectural sketches of the conversion to a scale of 1/4 inch to one foot that indicate the following:

(i) All doors being widened;

(ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;

(iii) Bedroom/living/dining area modification, if needed;

(iv) Any reconfigured common space;

(v) Added/reconfigured office and storage space;

(vi) Monitoring stations, and

(vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements as appropriate.

(f) A budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items listed in Section VI(B)(5)(e), items i through vii, above.

(g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALF conversion NOFA) which will be supported by non-HUD funding.

(h) A description of any relocation of current tenants including a statement that: (Not applicable to commercial property applicants.)

(i) Indicates the estimated cost of temporary relocation payments and other related services;

(ii) Identifies the staff organization that will carry out the relocation activities; and

(iii) Identifies all tenants that will have to be temporarily moved to another unit within the development OR from the development during the period that the physical conversion of the project is under way.

Note: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (*i.e.*, cost of conversion, temporary relocation, service coordinator and other project costs).

(6) A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. With such description, attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of this NOFA.

(7) Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis for your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD (*e.g.*, a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.);

(8) A supportive services plan (SSP), a copy of which must be submitted to the appropriate state and/or local agency as instructed in Section IV(B) of this NOFA. For those applicants needing to contact state Medicaid offices, a list is provided on the Internet at www.hcfa.gov/medicaid/medicaid.htm. The SSP must include:

(a) A description of the supportive services needed for the frail elderly the ALF is expected to serve. This must include at least (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

(b) A description of how you will provide the supportive services to those who are frail and have disabilities (*i.e.*, on or off-site or combination of on or off-site), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents, and how the services will meet the identified needs of the residents. Also indicate how you intend to fund the service coordinator role.

(c) A description of how the operation of your ALF will work. Address: (i) General operating procedures; (ii) ALF philosophy and how it will promote the

autonomy and independence of the frail elderly and persons with disabilities; (iii) what will the service coordination function do and the extent to which this function already exists, or will be augmented or new; (iv) ALF staff training plans; and (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.

(d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by state or local licensing AND list the appropriate rate for any optional services you plan to offer to the ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.

(e) List who will pay for the board and supportive services (e.g., \$_____ for meals by sponsor, \$_____ for housekeeping services by city government; \$_____ for personal care by State Department of Health; \$_____ for _____ by state _____ program; \$_____ in fees by tenants; and, \$_____ by _____).

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

(f) A support/commitment letter from each listed proposed funding source per paragraph (e), above, for the planned meals and supportive services listed in the application. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization. There must be a letter from EACH participating organization listed in Section VI(B)(8)(e) of this NOFA, above.

(g) A support letter from each governmental agency which provides licensing for ALFs in that jurisdiction.

(h) A description of your relevant experience in arranging for and/or delivering supportive services to frail residents. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide information on your relevant experience in arranging for and/or delivering

supportive services to frail elderly persons). The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. The description should include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

Note: If a funds request for service coordination for the ALF and/or the whole project is included as part of this application, the Form HUD-424, indicating the dollars requested must be attached as Exhibit 10(a). Do not attach the whole service coordinator application.

(9) A description of your project's resources: (Items (9)(a)-(b) are not applicable to applicants of commercial property.)

(a) A copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.

(b) A copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.

(c) Annual Financial Statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent financial statement or annual report.

(10) *Forms and Certifications.* The following exhibits, forms, certifications and assurances are required:

(a) *Form HUD-424, Application for Federal Assistance, including Federal Assistance Matrix*, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for State review in accordance with Executive Order 12372 (see the General Section of the SuperNOFA for instructions in submitting this form).

(b) *Form HUD-424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and*

Certification Regarding Debarment and Suspension.

(c) *Form HUD 2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employment Identification numbers.* A disclosure of assistance from other government sources received in connection with the project.

(d) Form HUD-2991, Certification of Consistency with the Consolidated Plan (Plan), for the jurisdiction in which the proposed ALF will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth herein. The Plan regulations are published in 24 CFR part 91.

VII. Environmental Requirements

Your ALCP application is subject to the National Environmental Policy Act of 1969 and applicable related Federal environmental authorities. (See 24 CFR part 50, as applicable.) An environmental review will be completed by HUD before the award of any grant under this program. Pursuant to 24 CFR part 55, ALCP projects are critical actions for purposes of floodplain management review.

VIII. Authority

The Assisted Living Conversion Program is authorized by Section 202(b) of the Housing Act of 1959 (12 U.S.C. 1701q-2) and the Fiscal Year 2003 Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act.

Appendix A.—HUD Field Office List for Mailing Assisted Living Conversion Program Applications

HUD—Boston Hub

Boston Office, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Room 301, Boston, MA 02222-1092, (617) 565-5234, TTY Number: (617) 565-5453

HUD—New York Hub

New York Office, 26 Federal Plaza—32nd Floor, New York, NY 10278-0068, (212) 264-8000, TTY Number: (212) 264-0927

HUD—Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203, (716) 551-5755 ext 5000, TTY Number: (716) 551-5787

HUD—Philadelphia Hub

Philadelphia Office
The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107-3380, (215) 656-0600, TTY Number: (215) 656-3452

HUD—Baltimore Hub

Baltimore Office, City Crescent Building, 10 South Howard Street, 5th Floor, Baltimore, MD 21201-2505, (410) 962-2520, TTY Number: (410) 962-0106

HUD—Greensboro Hub

Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407-3707, (336) 547-4069, TTY Number: (336) 547-4020

HUD—Atlanta Hub

Atlanta Office, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303-2806, (404) 331-4976, TTY Number: (404) 730-2654

HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202-5121, (904) 232-2626, TTY Number: (904) 232-2631

HUD—Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604-3507, (312) 353-5680, TTY Number: (312) 353-5944

HUD—Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue—Suite 1635, Detroit, MI 48226-2592, (313) 226-7900, TTY Number: (313) 226-6899

HUD—Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215-2499, (614) 469-5737, TTY Number: (614) 469-6694

HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401-2195, (612) 370-3000, TTY Number: (612) 370-3186

HUD—Ft. Worth Hub

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113-2905, (817) 978-9000, TTY Number: (817) 978-9273

HUD—Kansas City Hub

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101-2406, (913) 551-5462, TTY Number: (913) 551-6972

HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202-3607, (303) 672-5343, TTY Number: (303) 672-5248

HUD—San Francisco Hub, San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102-3448, (415) 436-6550, TTY Number: (415) 436-6594

HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017-3106, (213) 894-8000, TTY Number: (213) 894-8133

HUD—Seattle Hub

Seattle Office, Seattle Federal Office Building, 909 1st Avenue, Suite 200, Seattle, WA 98104-1000, (206) 220-5101, TTY Number: (206) 220-5185

Note: The first line of the mailing address for all offices is the U. S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

Appendix B

HUD—Boston Hub

Hartford Office, One Corporate Center, 19th Floor, Hartford, CT 06103-3220, (860) 240-4800, TTY Number: (860) 240-4665

Boston Office, Room 301, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Boston, MA 02222-1092, (617) 565-5234, TTY Number: (617) 565-5453

Manchester Office, Norris Cotton Federal Building, 275 Chestnut Street, Manchester, NH 03101-2487, (603) 666-7510, TTY Number: (603) 666-7518

Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903-2808, (401) 528-5230, TTY Number: (401) 528-5403

HUD—New York Hub

New York Office, 26 Federal Plaza, Room 3200, New York, NY 10278-0068, (212) 264-8000, TTY Number: (212) 264-0927

HUD—Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203-1780, (716) 551-5755 ext 5000, TTY Number: (716) 551-5787

HUD—Philadelphia Hub

Philadelphia Office, The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107-3380, (215) 656-0600, TTY Number: (215) 656-3452

Charleston Office, Suite 708, 405 Capitol Street, Charleston, WV 25301-1795, (304) 347-7000, TTY Number: (304) 347-5332

Newark Office, Thirteenth Floor, One Newark Center, Newark, NJ 07102-5260, (973) 622-7900, TTY Number: (973) 645-3298

Pittsburgh Office, 339 Sixth Avenue, Sixth Floor, Pittsburgh, PA 15222-2515, (412) 644-6428, TTY Number: (412) 644-5747

HUD—Baltimore Hub

Baltimore Office, Fifth Floor, City Crescent Building, 10 South Howard Street, Baltimore, MD 21201-2505, (410) 962-2520, TTY Number: (410) 962-0106

Washington, DC Office, 820 First Street, NE, Suite 300, Washington, DC 20002-4205, (202) 275-9200, TTY Number: (202) 275-0772

Richmond Office, The 3600 Centre 600 East Broad Street, Richmond, VA 23219, (804) 771-2100 ext. 3839, TTY Number: (804) 771-2038

HUD—Greensboro Hub

Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407-3707, (336) 547-4069, TTY Number: (336) 547-4020

Columbia Office, Strom Thurmond Federal Building, 1835-45 Assembly Street, Columbia, SC 29201-2480, (803) 765-5592, TTY Number: (803) 253-3209

HUD—Atlanta Hub

Atlanta Office, Richard B. Russell Federal Building 75 Spring Street, S.W., Suite 600, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303-3388 2806, (404) 331-4976, TTY Number: (404) 730-2654

San Juan Office, Edificio Administracion de Terrenos 171 Carlos Chardon Avenue, Suite 301, San Juan, PR 00918-0903, (787) 766-5400, TTY Number: (787) 776-5609

Louisville Office, 601 West Broadway, Louisville, KY 40202, (502) 582-5251, TTY Number: 1-800-648-6056

Knoxville Office, Third Floor, John J. Duncan Federal Building 710 Locust Street, Knoxville, TN 37902-2526, (423) 545-4384, TTY Number: (423) 545-4559

Nashville Office, Suite 200, 251 Cumberland Bend, Nashville, TN 37228-1803, (615) 736-5213, TTY Number: (615) 736-2886

HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202-5121, (904) 232-2626, TTY Number: (904) 232-2631

Birmingham Office, Medical Forum Building, 920 22nd Street, North, Suite 900, Birmingham, AL 35203-5301, (205) 731-2624, TTY Number: (205) 731-2624

Jackson Office, Doctor A.H. McCoy Federal Building, 100 West Capitol Street, Suite 910, Jackson, MS 39269-1096, (601) 965-4700, TTY Number: (601) 965-4171

HUD—Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604-3507, (312) 353-5680, TTY Number: (312) 353-5944

Indianapolis Office, 151 North Delaware Street, Indianapolis, IN 46204-2526, (317) 226-6303, TTY Number: (317) 226-7081

HUD—Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue, Suite 1635, Detroit, MI 48226-2592, (313) 226-7900, TTY Number: (313) 226-6899

Grand Rapids Office, Trade Center Building, 50 Louis Street, NW, Third Floor, Grand Rapids, MI 49503-2648, (616) 456-2100, TTY Number: (616) 456-2159

HUD—Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215-2499, (614) 469-5737, TTY Number: (614) 469-6694

Cleveland Office, US Bank Centre 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115-1815, (216) 522-4058, TTY Number: (216) 522-2261

HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401-2195, (612) 370-3000, TTY Number: (612) 370-3186

Milwaukee Office, Suite 1380, Henry S. Reuss Federal Plaza, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203-2289, (414) 297-3214 ext. 8673, TTY Number: (414) 297-1423

HUD—Ft. Worth Hub

Little Rock Office, Suite 900, TCBY Tower, 425 West Capitol Avenue, Little Rock, AR 72201-3488, (501) 324-5931, TTY Number: (501) 324-5931

New Orleans Office, Ninth Floor, Hale Boggs Federal Building, 501 Magazine Street, New Orleans, LA 70130-3099, (504) 589-7200, TTY Number: (504) 589-7279

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113-2905, (817) 978-9000, TTY Number: (817) 978-9273

Houston Office, Suite 200, Norfolk Tower, 2211 Norfolk, Houston, TX 77098-4096, (713) 313-2274, TTY Number: (713) 834-3274

San Antonio Office, 106 South St. Mary's, Suite 405, San Antonio, TX 78205, (210) 475-6800, TTY Number: (210) 475-6885

HUD—Great Plains

Des Moines Office, Room 239, Federal Building, 210 Walnut Street, Des Moines, IA 50309-2155, (515) 284-4583, TTY Number: (515) 284-4728

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101-2406, (913) 551-5462, TTY Number: (913) 551-6972

Omaha Office, Executive Tower Centre, 10909 Mill Valley Road, Omaha, NE 68154-3955, (402) 492-3122, TTY Number: (402) 492-3183

St. Louis Office, Third Floor, Robert A. Young Federal Building, 1222 Spruce Street, Room 3207, St. Louis, MO 63103-2836, (314) 539-6583, TTY Number: (314) 539-6331

Oklahoma City Office, 500 West Main Street, Suite 400, Oklahoma City, OK 73102-2233, (405) 553-7401, TTY Number: 1-800-877-8339

HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202-3607, (303) 672-5343, TTY Number: (303) 672-5248

HUD—San Francisco Hub

Phoenix Office, One North Central #600, Phoenix, AZ 85004, (602) 379-4434, TTY Number: (602) 379-4464

San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102-3448, (415) 436-8356, TTY Number: (415) 436-6594

Honolulu Office, 500 Ala Moana Boulevard, Suite 3A, Honolulu, HI 96813, (808) 522-8185, TTY Number: (808) 522-8193

HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017-3106, (213) 894-8000, TTY Number: (213) 894-8133

HUD—Seattle Hub

Portland Office, 400 Southwest 6th Avenue, Suite 700, Portland, OR 97204, (503) 326-2561, TTY Number: (503) 326-3656

Anchorage Office, 949 East 36th Avenue, Suite 401, Anchorage, AL 99508, (907) 271-4170

Seattle Office, 909 First Avenue, Suite 200, Seattle, WA 98104-1000, (206) 220-5101, TTY Number: (206) 220-5185

Note: The first line of the mailing address for all offices is the U.S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

BILLING CODE 4210-32-P

APPENDIX C

Fiscal Year 2003
Assisted Living Conversion Program
Application
Application Due Date: July 10, 2003



**U.S. Department of Housing and Urban Development
Office of Housing
Office of Multifamily Housing Programs**

The public reporting burden for this collection of information for the Assisted Living Conversion Program (ALCP) is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, in the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0542 for the Assisted Living Conversion Program. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Assisted Living Conversion Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**SECTION I
FISCAL YEAR 2003
ASSISTED LIVING CONVERSION PROGRAM FOR
ELIGIBLE MULTIFAMILY PROJECTS
APPLICATION**

GENERAL PROGRAM REQUIREMENTS, FORMS AND CERTIFICATIONS

APPLICATION
ASSISTED LIVING CONVERSION PROGRAM

INTRODUCTION: This constitutes the Application to apply for a grant under the Assisted Living Conversion Program (ALCP). **You MUST contact the HUD Multifamily Hub Office with jurisdiction over your development to obtain information about the submission of applications relevant to that Office. (NOTE: A list of the HUD Multifamily Hub Offices with Program Centers under each Hub is attached as Appendix B of the ALCP NOFA for you to use in determining the appropriate HUD Multifamily Hub Office to which you should submit your application.)**

You must submit an original and four (4) copies of your application in response to a Federal Register Notice of Funding Availability (NOFA) to the HUD Multifamily Hub Office. **Do not send the application to the HUD Multifamily Program Center with which you routinely interact. You may not hand-delivered your application. Applications for the Assisted Living Conversion Program should be sent via e United States Postal Service (USPS, as access by other services is not guaranteed. Applications must be received by the deadline date and time set forth in the NOFA. Applications by facsimile will not be accepted.**

CONTENTS OF THE APPLICATION: The ALCP Application consists of six parts with a total of ten Exhibits. Included with the ten Exhibits are prescribed forms, and certifications. The components of the Application are:

- Part I - Application Summary, Eligibility and Community Involvement
(Exhibits 1, 2 and 3)
- Part II - Evidence of Need for ALF Units
(Exhibit 4)
- Part III - Conversion and Retrofit Activities
(Exhibits 5, 6 and 7)
- Part IV - Supportive Services Plan
(Exhibit 8)
- Part V - Project Resources
(Exhibit 9)
- Part VI - General Application Requirements, and Certifications
(Exhibit 10)

All required application exhibits are identified in the NOFA.

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: The application must be submitted using the attached Application format and **MUST BE INDEXED AND TABBED ACCORDINGLY**. The Application includes:

1. The Table of Contents which identifies the order in which the application is to be assembled. It also serves as the application checklist by providing you with a space for identifying the submission page for the exhibit or portion of the exhibit.
2. The Rating Factors which identify how your application will be rated.
3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts I through V include exhibits related to the rating criteria. Part VI includes all the necessary forms and certifications.
4. The Application Evaluation for you to provide HUD with comments and suggestions about the Application Kit.
5. The Acknowledgment of Application Receipt you will receive with an indication of the date that HUD received your application and whether or not your application will receive further consideration.

NOTE: If you apply for any program under the Department's SuperNOFA, you need only submit one original signed Form HUD-424 and one set of original signatures for other standard forms and certifications; as long as you submit copies of these documents in any additional application you submit. Your application should identify the program for which you submitted the original signature for these standard forms and certifications.

If there is a discrepancy between the information provided in this kit and the information published in the SuperNOFA, the SuperNOFA prevails.

The application deadline date for the Assisted Living Conversion Program is July 10, 2003.

Before preparing your application, you should carefully review the requirements of the NOFA. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious,

fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

TABLE OF CONTENTS

	PAGE
PART I - APPLICATION SUMMARY, ELIGIBILITY AND COMMUNITY INVOLVEMENT	_____
EXHIBIT 1: Application Summary and Your Legal Status:	
(a) Articles of Incorporation (or other organizational documents), or self-certification	_____
(b) By-laws, or self-certification	_____
EXHIBIT 2: Description of your community ties and established linkages:	
(a) Ties/links to the community at large and to the minority and elderly population	_____
(b) Efforts to involve elderly persons	_____
(i) in the development of the application	_____
(ii) in the development of the ALF operating philosophy	_____
(iii) in the review of the application	_____
(iv) your intent to involve eligible ALF residents in the operation of the project.	_____

Also, in communities that have significant number of persons with limited English proficiency, applicants should demonstrate that the application was made available to residents of the project (in their language(s))

EXHIBIT 2 (CONT'D)

Page

AND that you requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate the application will be made available to the residents of the project in their language(s) and will request and consider comments in their language(s).

- (c) Involvement in the community's Consolidated Planning process including:
- (i) Agency that organizes/administers the process
 - (ii) Consolidated Plan issue areas in which you participate
 - (iii) Level of your participation in the process including your involvement with any faith-based organizations, associations or committees

OR

Specific steps you will take to become active in the process

- (d) The assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment (including a discussion of performance goals with performance indicators)

EXHIBIT 3: Evidence of your project being in occupancy for at least five years as of the date of the application to HUD (Not required by nonprofit applicants of unused and underutilized commercial facilities)

PART II - EVIDENCE OF NEED FOR ALF UNITS **Page****EXHIBIT 4: A market analysis of the need for the proposed ALF units, including information from the project and the housing market:**

- (a) Evidence of need for ALF by current residents (Not required by nonprofit applicants of unused and underutilized commercial facilities) _____
 - (i) Description of demographic characteristics of current elderly residents _____
 - (ii) Description of services currently available to residents _____
- (b) Evidence of need for ALF by very low income elderly and disabled households in market area _____
- (c) Description of local alternate care and services _____
- (d) Description of how Analysis of Impediments to Fair Housing Choice was used in documenting need _____

PART III - CONVERSION AND RETROFIT ACTIVITIES**EXHIBIT 5: A Description of the Physical ALF Conversion**

- (a) Description of how the physical conversion will be carried out, including time-table and relocation planning _____
- (b) Narrative including number of units being converted, design features, community and office space, storage, dining/kitchen facility and staff space and physical relationship to rest of project; and, how design will facilitate service delivery and changing needs of residents _____

EXHIBIT 5 (CONT'D)**Page**

- (c) Original plans for all units and spaces involved in conversion _____
- (d) Description of accessibility features _____
- (e) Architectural sketches of conversion including: _____
 - (i) All doors being widened _____
 - (ii) Kitchen/bathroom reconfiguration _____
 - (iii) Bedroom/living/dining area modification, if needed _____
 - (iv) Reconfigured common space _____
 - (v) Added/reconfigured office/storage space _____
 - (vi) Monitoring stations _____
 - (vii) Kitchen and dining facility _____
- (f) Budget for all costs of items in (e) above _____
- (g) Firm Commitment Letters for non-HUD funding _____
- (h) Description of relocation: (not applicable to applicants of commercial properties) _____
 - (i) Cost of temporary relocation payments/related services _____
 - (ii) Staff organization to carry out relocation _____
 - (iii) Identification of tenants that will be temporarily relocated _____

EXHIBIT 6: Description of any retrofit/renovation to be done with third party funds with firm commitment letters _____

	Page
EXHIBIT 7: Evidence of permissive zoning	_____
PART IV - SUPPORTIVE SERVICES PLAN	
EXHIBIT 8: Supportive Services Plan, including:	
(a) A description of the supportive services needed by residents of the ALF units	_____
(b) A description of how the supportive services will be provided; the service coordination role and how it will be funded; and how services will meet needs of residents	_____
(c) A description of the ALF operation:	
(i) general operating procedures	_____
(ii) ALF philosophy	_____
(iii) what the service coordination role will be and whether existing, augmented or new	_____
(iv) ALF staff training plans	_____
(v) relationship of ALF to daily operations of the project	_____
(d) Individual monthly rate for board and supportive services of ALF and estimate of total annual cost	_____
(e) Identification of funding sources for the board and supportive services	_____
(f) Support/commitment letters from each source identified in (e) above	_____
(g) Support letter from each governmental agency which will license the ALF	_____
(h) Description of your experience in arranging/delivering services	_____

PART V - PROJECT RESOURCES

EXHIBIT 9: A description of your project's resources, including: ((a) and (b) not applicable to applicants of unused and underutilized commercial properties)

- (a) Copy of most recent R4R account statement and analysis _____
- (b) Copy of most recent Residual Receipts Account statement _____
- (c) Your annual financial statement or date sent to REAC; if commercial property, annual financial statement or annual report _____

PART VI - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS

EXHIBIT 10: FORMS and CERTIFICATIONS

- (a) Form HUD-424 _____
- (b) Form HUD-424B, Applicant Assurances and Certifications _____
- (f) Applicant/Recipient Disclosure/Update Report (HUD-2880) _____
- (g) Certification of Consistency with the Consolidated Plan (HUD-2991) _____

RATING FACTORS

Below are the Rating Factors and the corresponding application Exhibits that will be reviewed to determine the ratings:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF
(Exhibit References: Exhibits 5(a), 8(h))

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to carry out a successful conversion of the project and the plan to deliver the supportive services on a long-term basis, considering the following: **(20 points)**

- (a) The practicality of your plan and timetable to carry out the physical conversion of the development to an ALF. **(9 points)**
- (b) Your past experience in providing or arranging for supportive services either on or off site for those who are frail. (If you are applying to convert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) **(10 points)**

Examples are: Meals delivered to apartment of resident or in a congregate setting **(2 points)**, arranging for or providing personal care **(3 points)**, providing 24-hour staffing **(1 point)**, providing or making available on-site preventive health care **(2 points)**, and other supportive services **(2 points)**.

- (c) Your organization is a "grassroots" organization. **(1 point)**

2. NEED/EXTENT OF THE PROBLEM

(Exhibit References: Exhibits 4(a) through (d), 2(c), and 9(a) through (c))

In determining the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living), HUD will consider the evidence in your application of the current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and the needs of potential residents

in the housing market area including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area. In addition, HUD will consider your inability to fund the repairs or conversion activities from existing financial resources by examining project financial information or the organizations financial information for unused and underutilized commercial facilities. HUD will also consider your level of participation in your community's Consolidated Plain/AI, including your involvement with any faith-based organizations, associations, or any committees that support programs and activities that will enhance the project or the lives of the residents of the project. In evaluating this factor, HUD will consider the following: **(20 points)**

- (a) The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to covert unused or underutilized commercial facilities to assisted living). **(7 points)**
- (b) The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area. **(3 points (10 points for applications to convert unused or underutilized commercial facilities to assisted living))**
- (c) Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts; for unused and underutilized commercial facilities, by the organization's annual financial statement or annual report. **(9 points)**

If reserves and residual receipts are less than 10% of the total funds needed **(9 points)**; if reserves and residual receipts are 10-50% of need **(5 points)**; and if reserves and residual receipts are 51% or more of the total funds needed **(0 points)**.

For commercial properties, if the organization's available working capital exceeds 10 percent of the total conversion **(5 points)**, if the working capital is less than 10 percent of the total conversion **(9 points)**.

- (d) If the application establishes a connection between the proposed ALF and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(1 point)**

SOUNDNESS OF APPROACH

(Exhibit References: Exhibits 5(b) through (e) and (h), 7, and 8(a) through (e) and (g) and (h))

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidence general support for the conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applicants proposing to convert unused or underutilized commercial facilities). There must be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor.

In evaluating this factor, HUD will consider the following:
(40 points)

- (a) The extent to which the proposed ALF design will meet the special physical needs of the frail elderly or persons with disabilities expected to be served at reasonable cost. **(12 points)**

(ALF design meets needs - **12 points**) (ALF design partially meets needs - **6 points**) (ALF design does not meet needs - **0 points**)

- (b) The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services will be accomplished over time. **(12 points)**

(ALF design/management plan meets needs of management operations - **12 points**; ALF design/management plan partially meets needs of management operations - **6 points**; ALF design/management plan does not meet needs of management operations - **0 points**)

- (c) The extent to which the proposed supportive services meet the needs of the anticipated frail elderly and disabled residents. **(7 points)**
- (services meet needs - **7 points**; partially meet needs - **4 points**; does not meet needs - **0 points**)
- (d) The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF. **(7 points)**
- (fully addressed and explained - **7 points**; partially addressed and explained - **4 points**; not addressed and explained - **0 points**)
- (e) The extent to which you have demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI process to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project. **(2 points)**

4. LEVERAGING RESOURCES

(Exhibit References: 5(f) and (g), 6 and 8(f))

In determining your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes, HUD will consider: **(10 points)**

- (a) The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of the ALF is covered. **(5 points)**

(90% or more commitment for the total budget with no more than 10% general support - **5 points**; 80 - 89.9% or more commitment for the total budget with no more than 20% general support - **4 points**; 65 - 79.9% commitment with no more than 35% general support - **3 points**; 40 - 64.9% firm commitment for the total budget with more than 60% general commitment - **2 points**; less than 40% firm commitment for the total budget with no more than 60% general support - **0 points**)

- (b) The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion. **(3 points)**

(support is 50% or more - **3 points**; support is 20 - 49.9% - **2 points**; support is under 20% - **0 points**)

- (c) The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA. **(2 points)**

(support exists - **2 points**; support does not exist - **0 points**)

5. ACHIEVING RESULTS AND PROGRAM EVALUATION

(Exhibit References: Exhibits 5(a) and (b), and 8(a) through (e))

This factor address your intent to keep the promises made in the conversion timetable that will result in the timely conversion of your project; the extent to which you have indicated how the converted units will result in ALF residents being able to age in place; the extent to which the project will implement practical solutions that will result in assisting residents in achieving independent living; and the extent to which the project will be viable absent HUD funds and relying more on state, local and private funds, HUD will consider:
(10 points)

- (a) The extent to which your conversion timetable reflects the length of time it will take to convert the units and describing how the converted units will benefit the residents as they age in place. **(4 points)**
- (b) The extent to which the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. **(2 points)**
- (c) The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds. **(2 points)**

- (d) The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve. **(2 points)**

(operating philosophy addressed - **2 points**; not addressed - **0 points**)

PART I

**ELIGIBILITY AND COMMUNITY
INVOLVEMENT**

EXHIBIT 1

**Multifamily Housing
Assisted Living Conversion Program
APPLICATION SUMMARY SHEET**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

Owner (Funds Recipient) Name _____

Address _____

City _____ State _____ Zip _____

Phone (Include Area Code) _____

Grant Contact Person (Name) _____

Phone (Include Area Code) _____

E-mail address _____

List the specific development(s) targeted for assistance under this grant. Use additional sheets as needed.

Development Name _____

Address _____

City _____ State _____ Zip _____

FHA/Project Number _____ Sec. 8 Number _____

Project Type (e.g., 236) _____ No. of Units _____

Location (Urban, suburban, or rural) _____

Number of Residents _____ Estimated number of frail elderly _____

Estimated number of non-elderly people with disabilities _____

Estimated number of at-risk elderly _____

Are you applying for a Service Coordinator Grant? _____ Yes _____ No

Will this development share a service coordinator with other developments? _____ Yes _____ No

If yes, please give name and address of the development(s) if different.

Senators 1. _____ 2. _____

Congressional Representative(s) Name(s) 1. _____ District(s) 1. _____

2. _____ 2. _____

EXHIBIT 1 (Cont'd)

Application Summary and Evidence of your legal status - Provide evidence that you are a private nonprofit or nonprofit consumer cooperative and have the legal ability to operate an ALF program, including the following:

- (a) Articles of Incorporation, constitution, or other organizational documents, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD
- (b) By-laws, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD

EXHIBIT 2 - Description of your community ties and established linkages:

- (a) Describe your ties/links to the community at large and to the minority and elderly communities in particular.
- (b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:
 - (i) The development of the application;
 - (ii) The development of the ALF operating philosophy;
 - (iii) The review of the application prior to submission to HUD; and

Your intent to involve eligible ALF residents in the operation of the project.

Also demonstrate that you made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

- (c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes, including:
 - (i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;
 - (ii) A listing of the Consolidated Plan/AI issue areas in which you participate;

EXHIBIT 2 (CONT'D)

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed;

OR

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes.

- (c) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living conditions.

EXHIBIT 3 - Evidence of your project being in occupancy for at least five years as of the date of the application to HUD. This evidence must be submitted by all applicants. (Not applicable for applicants of unused and underutilized commercial facilities)

PART II

EVIDENCE OF NEED FOR ALF UNITS

EXHIBIT 4 - A market analysis of the need for the proposed ALF units, including information from both the project and the housing market

- (a) Evidence of need for the ALF by current project residents: (Not applicable for applicant of an unused or underutilized commercial facility)
 - (i) A description of the demographic characteristics of the elderly residents currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to applicants of a commercial facility)
 - (ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking. (Not applicable to applicants of a commercial facility)
- (b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Services). And an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.
- (c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses,

EXHIBIT 4 (CONT'D)

on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

- (d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items (a) and (b) above)

PART III

CONVERSION AND RETROFIT ACTIVITIES

EXHIBIT 5 - A description of the physical ALF conversion

- (a) Describe how you propose to carry out the physical conversion, including a timetable and a discussion of relocation planning.
- (b) Include a short narrative which states the number of units being converted, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Describe how the design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over at least the next 10 years.
- (c) Provide a copy of the original plans for all units and other areas of the development which will be included in the conversion. (Applicants converting an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility).
- (d) Describe how the conversion will address accessibility; such as, doorways being at least 32 inches wide and kitchens and bathrooms meeting the specifications of the Uniform Federal Accessibility Standards.
- (e) Provide architectural sketches of the conversion to a scale of 1/4 inch to one foot (1/4"= 1'-0") that indicate the following:
 - (i) All doors being widened;
 - (ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;
 - (iii) Bedroom/living/dining area modification, if needed;
 - (iv) Any reconfigured common space;

EXHIBIT 5 (CONT'D)

- (v) Added/reconfigured office and storage space;
- (vi) Monitoring stations; and
- (vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements, as appropriate.

- (f) Provide a budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items in (e)(i) through (vii) above.
- (g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALCP NOFA) which will be supported by non-HUD funding.
- (h) A description of any relocation of current tenants as a result of the conversion activities. (Not applicable to commercial property applicants).
 - (i) Provide the estimated cost of temporary relocation payments and other related services;
 - (ii) Identify the staff organization that will carry out the relocation activities; and
 - (iii) Identify all tenants that will have to be temporarily moved to another unit within the development OR from the development during the conversion.

NOTE: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (i.e., cost of conversion, temporary relocation, service coordinator and other project costs).

EXHIBIT 6 - A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. Attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of the ALF NOFA.

EXHIBIT 7 - Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis of your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD. (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.)

PART IV

SUPPORTIVE SERVICES PLAN

EXHIBIT 8 - Supportive Services Plan

You must submit a copy of the SSP to each appropriate State or local service funding organization well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and indication of funding commitment, which you must include with this application.

You must also submit a copy of your application to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services in your SSP are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

- (a) Describe the supportive services needed for the frail elderly the ALF is expected to serve. This must include: (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

- (b) Describe how you will provide the supportive services to those who are frail and have disabilities (i.e., on or off-site or combination of the two), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents and how it will be funded, and how the services will meet the identified needs of the residents.

EXHIBIT 8 (CONT'D)

- (c) Describe how the operation of your ALF will work, including:
- (i) general operating procedures;
 - (ii) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities;
 - (iii) what the service coordination function will do and the extent to which it is existing, augmented or new;
 - (iv) ALF staff training plans;
 - (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.
- (d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by State or local licensing AND list the appropriate rate for any optional services you plan to offer ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.
- (e) List who will pay for the board and supportive services, e.g., \$___ for meals by sponsor, \$___ for housekeeping services by city government; \$___ for personal care by State Department of Health; \$___ for ___ by State ___ program; \$___ in fees by tenants; and, \$___ by ___.

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be

EXHIBIT 8 (CONT'D)

served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

- (f) Provide a support/commitment letter from **EACH** listed proposed funding source in (e) above, for the planned meals and supportive services. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization.
- (g) Provide a support letter from **EACH** governmental agency(ies) which provides licensing for ALFs in that jurisdiction.
- (h) Describe your relevant experience in arranging for and/or delivering supportive services to frail residents. The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. Include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

NOTE: If a request for funding under the Service Coordinators in Multifamily Housing NOFA for the ALF and/or the whole project (Section 202 projects with PRAC are not eligible for such funding because PRAC funds can cover the cost of service coordination) is included as part of this application, the Form HUD-424, indicating the dollars requested must be attached as Exhibit 10 (a). Do **NOT** attach the entire service coordinator application.

PART V
PROJECT RESOURCES

EXHIBIT 9 - A description of your project's resources. (Not applicable to commercial properties.)

- (a) Provide a copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.
- (b) Provide a copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.
- (c) Provide your annual financial statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent statement or annual report.

PART VI

**GENERAL APPLICATION REQUIREMENTS, FORMS,
AND CERTIFICATIONS**

EXHIBIT 10: Forms and Certifications

- (a) Standard Form 424, Application for Federal Assistance, including Funding Matrix and compliance with Executive Order 12372
(A certification that you have submitted a copy of your application, if required, to the State agency single point of contact for State review.)
- (b) Standard Form 424B, Applicant Assurances and Certifications
- (c) Form HUD-2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers
- A disclosure of assistance from other government sources received in connection with the project.
- (d) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed ALF will be located.

**Application for
Federal Assistance**

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

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

1. Type of Submission
 Application Preapplication

2. Date Submitted	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code:		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:	
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appropriate letter in box)	
13. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title:		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)		16. Descriptive Title of Applicant's Program	
18a. Proposed Program start date	18b. Proposed Program end date	19a. Congressional Districts of Applicant	19b. Congressional Districts of Program
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			

Funding Matrix									
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.									
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									
* For FHIPs, show both initiative and component									
<p>Certifications</p> <p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p>									
23. Signature of Authorized Official					Name (printed)				
Title							Date (mm/dd/yyyy)		

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

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

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): () -	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

Part I Threshold Determinations

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

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

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

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

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

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

Certification

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

Signature: X	Date: (mm/dd/yyyy)
---------------------	--------------------

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
 2. State the type of other government assistance (e.g., loan, grant, loan insurance).
 3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

**Certification of Consistency
with the 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: _____

Project Name: _____

Location of the Project: _____

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

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

**Acknowledgment of
Application Receipt**

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

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

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

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

Processor's Name _____

Date of Receipt _____

Client Comments and Suggestions

U.S. Department of Housing
and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

- (a) is clear and easily understandable
 (b) better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
 (b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? Yes No

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**SERVICE COORDINATORS IN
MULTIFAMILY HOUSING**

Billing Code 4210-32-C

Funding Availability for Service Coordinators in Multifamily Housing

Program Overview

Purpose of the Program. The purpose of this Service Coordinator program is to allow multifamily housing owners to assist elderly individuals and people with disabilities living in HUD-assisted housing and in the surrounding area to obtain needed supportive services from the community, in order to enable them to continue living as independently as possible in their own homes.

Available Funds. Approximately \$25 million, Fiscal Year 2003 funds.

Eligible Applicants. Only owners of eligible developments may apply for and become the recipient of grant funds. Property management companies may administer grant programs but are not eligible applicants. See Section III for more detailed eligibility criteria.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Application, Further Information, and Technical Assistance

Application Due Date. Your completed application (an original and two copies) is due on or before 3:30 p.m., local time, on July 10, 2003 at the address given below.

Application Delivery. You may not hand deliver applications. HUD will reject any hand-delivered applications.

You must submit your application to the Field Office that has jurisdiction for the housing developments included in your application.

You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate Office. Also, see the General Section of this SuperNOFA for further discussion concerning the form of application submission.

Addresses for Submitting Applications. Appendix A to this program section contains a list of HUD Field Offices where you must send your application by the deadline. Please

address your application to the Director, Multifamily Housing Hub or Program Center in your local HUD Field Office. You should not submit any copies of your application to HUD Headquarters.

For Applications. Please note that all information needed for the preparation and submission of your application is included in this program NOFA and in the General Section of the SUPERNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix B to this NOFA. To obtain a printed application, please call the SuperNOFA Information Center at 1-800-HUD-8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD-2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). An application also will be available on the Internet at <http://www.hud.gov>.

For Further Information and Technical Assistance. You may contact your local HUD Field Office staff for questions you have regarding this program section of the SuperNOFA and your application. Please contact the Multifamily Housing Resident Initiatives Specialist or Service Coordinator contact person in your local Office. If you are an owner of a Section 515 development, contact the HUD Field Office that monitors your Section 8 contract. If you have a question that the Field staff is unable to answer, please call Carissa Janis, Housing Project Manager, Office of Housing Assistance and Grants Administration, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 6146, Washington, DC 20410; (202) 708-2866, extension 2487 (this is not a toll free number). If you are hearing or speech impaired, you may access this number via TTY by calling the Federal Information Relay Service at 1-800-877-8339.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should contact your local Field office staff or consult the HUD web site at <http://www.hud.gov>.

II. Amount Allocated

(A) *Available Funding.* Of the estimated \$50 million appropriated in the FY 2003 Consolidated Appropriations, approximately \$25 million will be used to fund Service Coordinator Programs through this

SuperNOFA. Additionally, approximately \$25 million will be used to fund one-year extensions to expiring Service Coordinator and Congregate Housing Services Program (CHSP) grants.

(B) *Maximum Grant Award.* There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

(C) *Funding Process.* Prior to the selection process, HUD will first fund the FY 2002 Service Coordinator application submitted by Prentis Jewish Federation Apartments, Oak Park, Michigan, in the amount of \$207,350. This application was not funded in FY 2002 due to HUD error. HUD will then fund Service Coordinator applications submitted by FY 2003 Assisted Living Conversion Program (ALCP) applicants, whose ALCP applications are selected for funding under that program's NOFA. HUD estimates that approximately \$1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. If the applicant selected for partial funding turns down the offer, HUD will make an offer to partially fund the following application. HUD will continue this process until an applicant accepts the partial funding offer.

(D) *Reduction in Requested Grant Amount.* HUD may make an award in an amount less than requested, if:

(1) HUD determines that some elements of your proposed program are ineligible for funding;

(2) There are insufficient funds available to make an offer to fully fund the application; or

(3) HUD determines that a reduced grant amount would prevent duplicative federal funding.

(E) *Alternative Funding for Service Coordinators.* If your development has available residual receipts or excess income, you must use these funds prior to receiving grant monies, as long as they are not already allocated for other critical development expenses. Owners may submit requests to use residual receipts, or Section 8 or Project Rental Assistance Contract (PRAC) operating funds following instructions in Housing's Management Agent Handbook 4381.5, REVISION-2, CHANGE-2, Chapter 8. Refer to Housing Notice H 02-14 for information on using Section 236 excess income to fund a Service Coordinator. HUD Field staff may approve use of these project funds at any time, consistent with current policy. You should discuss these alternative funding options with your Field Office staff prior to submitting a grant application.

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* The Service Coordinator Program provides funding for the employment and support of Service Coordinators in insured and assisted housing developments that were designed for the elderly and persons with disabilities and continue to operate as such. Service Coordinators help residents obtain supportive services from the community that are needed to enable independent living and aging in place.

A Service Coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the supportive services they need to continue living independently in their current homes. All services should meet the specific desires and needs of the residents themselves. The Service Coordinator may not require any elderly individual or person with a disability to accept any specific supportive service(s).

You may want to review the Management Agent Handbook 4381.5

REVISION-2, CHANGE-2, Chapter 8 for further guidance on service coordinators. This Handbook is accessible through HUDCLIPS on HUD's Web site at <http://www.hudclips.org>.

The Handbook is in the Handbooks and Notices—Housing Notices database. Enter the Handbook number in the "Document Number" field to retrieve the Handbook.

(B) *Definition of Terms Used in this Program NOFA.*

(1) "*Activities of daily living (ADLs)*" means eating, dressing, bathing, grooming, and household management activities, as further described below:

(a) *Eating*—May need assistance with cooking, preparing, or serving food, but must be able to feed self;

(b) *Bathing*—May need assistance in getting in and out of the shower or tub, but must be able to wash self;

(c) *Grooming*—May need assistance in washing hair, but must be able to take care of personal appearance;

(d) *Dressing*—Must be able to dress self, but may need occasional assistance; and

(e) *Home management activities*—May need assistance in doing housework, grocery shopping, laundry, or getting to and from activities such as going to the doctor and shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

(2) "*At-risk elderly person*" is an individual 62 years of age or older who is unable to perform one or two ADLs, as defined in the above paragraph.

(3) "*Frail elderly person*" means an individual 62 years of age or older who is unable to perform at least three ADLs as defined in the above paragraph.

(4) "*People with disabilities*" means those individuals who:

(a) Have a disability as defined in Section 223 of the Social Security Act;

(b) Have a physical, mental, or emotional impairment expected to be of long, continued, and indefinite duration that impedes the individual's ability to live independently; or

(c) Have a developmental disability.

(5) "*Reasonable costs*" mean that costs are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction.

(C) *Functions of a Service Coordinator.* The major functions of the Service Coordinator include the following:

(1) Refer and link the residents of the development to supportive services provided by the general community. Such services may include case management, personal assistance, homemaker, meals-on-wheels,

transportation, counseling, occasional visiting nurse, preventive health screening/wellness, and legal advocacy.

(2) Educate residents on service availability, application procedures, client rights, etc.

(3) Establish linkages with agencies and service providers in the community. Shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident. Provide advocacy as appropriate.

(4) Provide case management when such service is not available through the general community. This might include evaluation of health, psychological and social needs, development of an individually tailored case plan for services, and periodic reassessment of the resident's situation and needs. Service Coordinators can also set up a Professional Assessment Committee (PAC) to assist in performing initial resident assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). Grantees cannot use grant funds to pay PAC members for their services.

(5) Monitor the ongoing provision of services from community agencies and keep the case management and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.

(6) Help the residents build informal support networks with other residents, family and friends.

(7) Work and consult with tenant organizations and resident management corporations. Provide training to the development's residents in the obligations of tenancy or coordinate such training.

(8) Create a directory of providers for use by both development staff and residents.

(9) Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

(i) Act as a recreational or activities director;

(ii) Provide supportive services directly;

(iii) Assist with property management work; or

(iv) Act as a Neighborhood Networks program director or coordinator.

(D) *Basic Qualifications of Service Coordinators and Aides.*

(1) Service Coordinator Qualifications include the following:

(a) A Bachelor of Social Work or degree in Gerontology, Psychology or

Counseling is preferable; a college degree is fully acceptable. *You may also consider individuals who do not have a college degree, but who have appropriate work experience.*

(b) Knowledge of the aging process, elder services, disability services, eligibility for and procedures of federal and applicable state entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

(c) Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable if the Service Coordinator will work with aides.

(d) Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities available in the local area.

(e) Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and people with disabilities.

(2) *Aides Working with a Service Coordinator.* Aides should either have a college degree or appropriate experience in working with the elderly and/or people with disabilities. An example of an aide position could be an internship or work-study program with local colleges and universities to assist in carrying out some of the Service Coordinator's functions.

(E) *Eligible Applicants and Developments.* To be eligible for funding:

(1) You must meet all of the applicable threshold requirements of Sections V (B) and (D) of the General Section of the SuperNOFA.

(2) You must be an owner of a development assisted under one of the following programs:

(a) Section 202 Direct Loan;

(b) Project-based Section 8 (including Section 8 Moderate Rehabilitation); or

(c) Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

(3) Additionally, developments listed in paragraph (2), above, are eligible only if they meet the following criteria:

(a) Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents. (For example, in a 52-unit development, at least 13 residents must be frail, at-risk, or non-elderly people with disabilities.)

(b) Were designed for the elderly or persons with disabilities and continue to operate as such. This includes any

building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992 (Pub. L. 102-550). If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.

(c) Are current in mortgage payments or are current under a workout agreement.

(d) Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better on the last physical inspection or by an approved plan for developments scoring less than 60.

(e) Are in compliance with their regulatory agreement, Housing Assistance Payment (HAP) Contract, and other outstanding directives.

(f) Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.

(4) If your eligibility status changes during the course of the grant term, making you ineligible to receive a grant (e.g. due to prepayment of mortgage, sale of property, or opting out of a Section 8 HAP contract), HUD has the right to terminate your grant.

(F) *Ineligible Applicants and Developments.*

(1) Property management companies, area agencies on aging, and other like organizations are *not* eligible applicants for Service Coordinator funds. Such agents may prepare applications and sign application documents if they provide written authorization from the owner corporation as part of the application. In such cases, the owner corporation must be indicated on all forms and documents as the funding recipient.

(2) Developments not designed for the elderly or people with disabilities or those no longer operating as such.

(3) Section 221(d)(4) developments without project-based Section 8 assistance.

(4) Section 202 and 811 developments with a PRAC. Owners of Section 202 PRAC developments may obtain funding by requesting an increase in

their PRAC payment consistent with Handbook 4381.5 REVISION-2, CHANGE-2, Chapter 8.

(G) *Eligible Activities.*

(1) Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs of employing a service coordinator.

(2) You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified, objective third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. The program evaluations must identify short and long term program outcomes and performance indicators that will help you measure your performance.

On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.

(3) You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

(4) You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis. Likewise, ALCP applicants may apply for new or augmented Service Coordinator costs to serve Assisted Living residents and/or all residents of the development.

(5) You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application deadline date and that no other funding mechanism is available to continue the program. This applies only to funding sources other than the subsidy awards and grants provided by the Department through program Notices beginning in FY 1992.

HUD currently provides one-year extensions to these subsidy awards and grants through a separate funding action.

(6) You may provide service coordination to low-income elderly individuals or people with disabilities living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

(H) Ineligible Activities.

(1) You may not use funds available through this NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs service coordinator functions.

(2) Owners with existing service coordinator subsidy awards or grants may not apply for renewal or extension of those programs under this NOFA.

(3) Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a service coordinator.

(4) The cost of application preparation is not eligible for reimbursement.

(5) Grant funds cannot be used to increase a project's management fee.

(6) You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving community residents.

IV. Program Requirements

To receive and administer a Service Coordinator grant, you must meet the requirements in Section IV of this program section of the SuperNOFA. These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

In addition to the requirements listed below, you must also meet the requirements of Section V of the General Section of this SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.)

(A) You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.

(B) The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be

consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.

(C) Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.

(D) *Administrative Costs.* The administrative costs of your program cannot exceed 10% of the program's cost.

(E) *Reports.* Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. The data that HUD collects on the performance report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the performance report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.

(F) As a condition of receiving a grant, Section 202 developments with project-based Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

(G) *Term of Funded Activities.* The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.

(H) *Subgrants and Subcontracts.* You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

V. Application Selection Process

(A) *General.* HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will

hold one national lottery for all eligible applications forwarded from Multifamily HUB and Multifamily Program Centers (a list of these offices is found in Appendix A to this notice).

(B) *Threshold Eligibility Review.* HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of this NOFA. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, and includes all technical corrections by the designated deadline date.

VI. Application Submission Requirements

(A) Single Applications.

(1) You may submit one application for one or more developments that your corporation owns.

(2) You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a separate, stand-alone program and the development(s) must all be located in the same Field Office jurisdiction.

(3) If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

(B) *Joint Applications.* You may join with one or more other eligible owners to share a Service Coordinator and submit a joint application. In the past, joint applications have been used by small developments that joined together to hire and share a part or full-time Service Coordinator.

(C) *Application Submission Requirements for ALCP Applicants.* If you are an ALCP applicant and you request new or additional Service Coordinator costs specifically for your proposed Assisted Living Program, you must submit an application containing all required documents and information listed in this NOFA. Be sure to indicate the amount of grant funds you are requesting for both programs on your HUD-424 forms. HUD Field Office staff will review both applications simultaneously.

ALCP applicants must submit all the required items in the Service Coordinator application listed in Section VI.(E) of this NOFA. You may provide a copy of all standard forms in your Service Coordinator application. If you do not provide either an original or copy of these forms, your Service

Coordinator application will be incomplete.

If you currently do not have a Service Coordinator working at the development proposed in your ALCP application and your ALCP application is selected to receive an award, HUD will fund a Service Coordinator to serve either ALCP residents only or all residents of the development dependent upon your request. If your development currently has a Service Coordinator, you may request additional hours for the Service Coordinator to serve the Assisted Living residents. If you request additional hours, you must specify the number of additional hours per week and provide an explanation based on the anticipated needs of the Assisted Living residents. Provide this explanation in your ALCP application as instructed in the ALCP NOFA.

If you request Service Coordinator funding to serve all residents of your development, your request can be entered into the national lottery if your ALCP application is not selected to receive an award.

Owners applying for ALCP grants may also submit separate Service Coordinator applications for entry into the lottery for other eligible developments they own and that are not included in their ALCP application.

(D) *Your application must contain the items listed in this Section VI(D).* These items include the standard forms, certifications, and assurances listed in the General Section of the SuperNOFA that are applicable to this funding (collectively, referred to as the "standard forms"). The standard forms and other required forms can be found in the Application found in Appendix B to this NOFA. The items are as follows:

Standard Forms

- (1) Application for Federal Assistance (HUD-424)
- (2) Applicant Assurances and Certifications (HUD-424B)
- (3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
- (4) Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
- (5) Acknowledgment of Application Receipt (HUD-2993)
- (6) Client Comments and Suggestions (HUD-2994)

Other Application Items:

All applications for funding under the Service Coordinator Program must contain the following documents and information:

- (1) Service Coordinator Funding Request, forms HUD-91186 and HUD-91186-i.

- (2) If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.

- (3) Evidence of comparable salaries in your local area.

- (4) *Narratives.* (a) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)

- (b) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents.

- (c) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.

- (d) If you propose to serve community residents, present a description of your plan.

- (e) If you are applying for an ALCP grant: (i) Describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA; and (ii) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

- (5) If applicable, evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.

- (6) A bank statement showing the current residual receipts or excess income balance in the development's account.

- (7) Applicant checklist.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

VIII. Environmental Requirements

It is anticipated that most activities under this program are categorically excluded from NEPA and related environmental authorities under 24 CFR 50.19(b)(3), (4), (12), or (13). If grant funds will be used to cover the cost of any activities which are not exempted from environmental review requirements—such as acquisition, leasing, construction, or building rehabilitation, HUD will perform an environmental review to the extent required by 24 CFR part 50, prior to grant award.

IX. Authority

Section 808 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), as amended by sections 671, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992), and section 851 of the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569, approved December 27, 2000).

Appendix A

HUD Field Office List for Mailing Service Coordinator Applications

- Alabama—Multifamily Housing Program Center, HUD—Birmingham Office, 600 Beacon Parkway West, Rm. 300, Birmingham, AL 35209-3144, OFC Phone: (205) 290-7611, FAX: (205) 290-7632, TTY Number: (205) 731-2624
- Alaska—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS-0AHM, Seattle, WA 98104-1000, OFC Phone: (206) 220-5228 ext. 3250, FAX: (206) 220-5206, TTY Number: (206) 220-5254
- Arizona—Multifamily Housing Program Center, HUD Phoenix Office, 400 North Fifth Street, Suite 1600, Phoenix, AZ 85004-2361, OFC Phone: (602) 379-4434, FAX: (602) 379-3985 TTY Number: (602) 379-4557
- Arkansas—Multifamily Housing Program Center, HUD Little Rock Office, 425 West Capitol Avenue #900, Little Rock, AR 72201-3488, OFC Phone: (501) 324-5401, FAX: (501) 324-6142, TTY Number: (501) 324-5931
- California—Multifamily Housing Hub, HUD—San Francisco Office, 450 Golden Gate Avenue, PO Box 36003, San Francisco, CA 94102-3448, OFC Phone: (415) 436-6505, FAX: (415) 436-8996, TTY Number: (415) 436-6594
- Los Angeles Multifamily Hub, 611 West Sixth Street, Suite 800, Los Angeles, CA 90017, OFC Phone: (213) 894-8000 x3634,

- Fax: (213) 894-8255, TTY Number: (213) 894-8133
- Colorado—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 11th Floor, Denver, CO 80202-3607, OFC Phone: (303) 672-5343, FAX: (303) 672-5153, TTY Number: (303) 672-5113
- Connecticut—Multifamily Housing Program Center, HUD—Hartford Office, One Corporate Center, 19th floor, Hartford, CT 06103-3220, OFC Phone: (860) 240-4800 Ext. 3068, FAX: (860) 240-4850, TTY Number: (860) 240-4665
- Delaware—Multifamily Housing Hub, HUD Philadelphia Office, The Wanamaker Building, 100 Penn Square, East, Philadelphia, PA 19107-3380, OFC Phone: (215) 656-0609 Ext. 3533, FAX: (215) 656-3427, TTY Number: (215) 656-3452
- District of Columbia—Multifamily Housing Program Center, HUD Washington, DC Office, Suite 300, 820 First Street, N.E., Washington, DC 20032-4205, OFC Phone: (202) 275-9200, FAX: (202) 275-9212, TTY Number: (202) 275-0772
- Florida—Multifamily Housing Hub, HUD—Jacksonville Office, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202-5121, OFC Phone: (904) 232-1777 x2144, FAX: (904) 232-2731, TTY Number: (904) 232-2631
- Georgia—Multifamily Housing Hub, HUD—Atlanta Office, Five Points Plaza Building, 40 Marietta Street, S.W., Atlanta, Georgia 30303-2806, OFC Phone: (404) 331-4976, FAX: (404) 331-4028, TTY Number: (404) 730-2654
- Hawaii—Multifamily Housing Program Center, HUD Honolulu Office, 7 Waterfront Plaza, 500 Ala Moana Blvd. #500, Honolulu, HI 96813-4918, OFC Phone: (808) 522-8185 Ext. 244, FAX: (808) 522-8194, TTY Number: (808) 522-8193
- Idaho—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS-0AHM, Seattle, WA 98104-1000, OFC Phone: (206) 220-5228 ext. 3250, FAX: (206) 220-5206, TTY Number: (206) 220-5254
- Illinois—Multifamily Housing Hub, HUD—Chicago Office, Ralph Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604-3507, OFC Phone: (312) 353-6236 Ext. 2202, FAX: (312) 886-2729, TTY Number: (312) 353-5944
- Indiana—Multifamily Housing Program Center, HUD Indianapolis Office, 151 North Delaware Street, Suite 1200, Indianapolis, IN 46204-2526, OFC Phone: (317) 226-6303, FAX: (317) 226-7308, TTY Number: (317) 226-7081
- Iowa—Multifamily Housing Program Center, HUD Des Moines Office, 210 Walnut Street, Room 239, Des Moines, IA 50309-2155, OFC Phone: (515) 284-4736, FAX: (515) 284-4743, TTY Number: (515) 284-4728
- Kansas—Multifamily Housing Hub, HUD Kansas City Office, 400 State Avenue, Room 200, Kansas City, KS 66101-2406, OFC Phone: (913) 551-6844, FAX: (913) 551-5469, TTY Number: (913) 551-6972
- Kentucky—Multifamily Housing Program Center, HUD—Louisville Office, 601 West Broadway, PO Box 1044, Louisville, KY 40201-1044, OFC Phone: (502) 582-6124, FAX: (502) 582-6547, TTY Number: (800) 648-6056
- Louisiana—Multifamily Housing Program Center, HUD New Orleans Office, Hale Boggs Bldg.—501 Magazine Street, 9th Floor, New Orleans, LA 70130-3099, OFC Phone: (504) 589-7236, FAX: (504) 589-6834, TTY Number: (504) 589-7279
- Maine—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101-2487, OFC Phone: (603) 666-7684, FAX: (603) 666-7697, TTY Number: (603) 666-7518
- Maryland—Multifamily Housing Hub, HUD Baltimore Office, 5th Floor, 10 South Howard Street, Baltimore, MD 21201-2505, OFC Phone: (410) 962-2520 Ext. 3474, FAX: (410) 962-1849, TTY Number: (410) 962-0106
- Massachusetts—Multifamily Housing Hub, HUD—Boston Office, O'Neil Federal Building, 10 Causeway Street, Rm.375, Boston, MA 02222-1092, OFC Phone: (617) 565-5162, FAX: (617) 565-6557, TTY Number: (617) 565-5453
- Michigan—Multifamily Housing Hub, HUD Detroit Office, 477 Michigan Avenue, Detroit, MI 48226-2592, OFC Phone: (313) 226-7900, FAX: (313) 226-5611, TTY Number: (313) 226-6899
- Multifamily Housing Program Center, HUD Grand Rapids, Trade Center Building, 50 Louis Street, N.W., Grand Rapids, MI 49503-2648, OFC Phone: (616) 456-2100, FAX: (616) 456-2191, TTY Number: (616) 456-2159
- Minnesota—Multifamily Housing Hub, HUD Minneapolis Office, 220 Second Street, South, Minneapolis, MN 55401-2195, OFC Phone: (612) 370-3051, FAX: (612) 370-3090, TTY Number: (612) 370-3186
- Mississippi—Multifamily Housing Program Center, HUD Jackson Office—McCoy Federal Building, 100 W. Capitol Street, Room 910, Jackson, MS 39269-1096, OFC Phone: (601) 965-4738, FAX: (601) 965-4773, TTY Number: (601) 965-4171
- Missouri—Multifamily Housing Hub, HUD Kansas City Office, 400 State Avenue, Room 200, Kansas City, KS 66101-2406, OFC Phone: (913) 551-6844, FAX: (913) 551-5469, TTY Number: (913) 551-6972
- Multifamily Housing Program Center—HUD St. Louis Office, Robert A. Young Federal Building, 1222 Spruce Street, Third Floor, St. Louis, MO 63103-2836, OFC Phone: (314) 539-6382, FAX: (314) 539-6356, TTY Number: (314) 539-6331
- Montana—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202-3607, OFC Phone: (303) 672-5343, FAX: (303) 672-5153, TTY Number: (303) 672-5248
- Nebraska—Multifamily Housing Program Center, HUD Omaha Office, 10909 Mill Valley Road, Suite 100, Omaha, NE 68154-3955, OFC Phone: (402) 492-3113, FAX: (402) 492-3184, TTY Number: (402) 492-3183
- Nevada—Multifamily Housing Program Center, HUD Las Vegas Office, 333 N. Rancho Drive—Atrium Bldg, Suite 700, Las Vegas, NV 89106-3714, OFC Phone: (702) 388-6525, FAX: (702) 388-6244, TTY Number: (702) 388-6246
- New Hampshire—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101-2487, OFC Phone: (603) 666-7684, FAX: (603) 666-7697, TTY Number: (603) 666-7518
- New Jersey—Multifamily Housing Program Center, HUD—Newark Office—13th Floor, One Newark Center, Newark, NJ 07102-5260, OFC Phone: (973) 622-7900 Ext. 3400, FAX: (973) 645-2271, TTY Number: (973) 645-3298
- New Mexico—Multifamily Housing Hub, HUD Ft. Worth Office, 801 Cherry Street, PO Box 2905, Ft. Worth, TX 76102-2905, OFC Phone: (817) 978-5764, FAX: (817) 978-5520, TTY Number: (817) 978-9278
- New York—Multifamily Housing Hub, HUD—New York Office, 26 Federal Plaza—Room 3214, New York, NY 10278-0068, OFC Phone: (212) 264-0777 Ext. 3713, FAX: (212) 264-1277, TTY Number: (212) 264-0927
- Multifamily Housing Hub, HUD—Buffalo Office, Lafayette Court, 5th Floor, 465 Main Street, Buffalo, NY 14203-1780, OFC Phone: (716) 551-5755 Ext. 5509, FAX: (716) 551-3252, TTY Number: (716) 551-5787
- North Carolina—Multifamily Housing Hub, HUD Greensboro Office—Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407, OFC Phone: (336) 547-4034, FAX: (336) 547-4121, TTY Number: (336) 547-4020
- North Dakota—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202-3607, OFC Phone: (303) 672-5343, FAX: (303) 672-5153, TTY Number: (303) 672-5248
- Ohio—Multifamily Housing Hub, HUD Columbus Office, 200 North High Street, Columbus, OH 43215-2499, OFC Phone: (614) 469-5737, Ext. 8111, FAX: (614) 469-2432, TTY Number: (614) 469-6694
- Multifamily Housing Program Center, HUD Cincinnati Office, 525 Vine Street, Suite 700, Cincinnati, OH 45202-3188, OFC Phone: (513) 684-2350, FAX: (513) 684-6224, TTY Number: (513) 684-6180
- Multifamily Housing Program Center, HUD Cleveland Office, 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115-1815, OFC Phone: (216) 522-4058 Ext. 7000, FAX: (216) 522-4067, TTY Number: (216) 522-2261
- Oklahoma—Multifamily Housing Program Center, HUD Oklahoma City Office, 500 W. Main Street, Suite 400, Oklahoma City, OK 73102-2233, OFC Phone: (405) 553-7410, FAX: (405) 553-7406, TTY Number: (1) 800-877-8339
- Oregon—Multifamily Housing Hub, HUD Seattle Office, 909 First Avenue, Suite 190, MS-0AHM, Seattle, WA 98104-1000, OFC Phone: (206) 220-5228 ext. 3250, FAX: (206) 220-5206, TTY Number: (206) 220-5254
- Pennsylvania—Multifamily Housing Hub, HUD Philadelphia Office, The Wanamaker Building, 100 Penn Square, East, Philadelphia, PA 19107-3380, OFC Phone: (215) 656-0609 Ext. 3533, FAX: (215) 656-3427, TTY Number: (215) 656-3452
- Multifamily Housing Program Center, HUD Pittsburgh Office, 339 Sixth Avenue—Sixth

- Floor, Pittsburgh, PA 15222-2515, OFC Phone: (412) 644-6639, FAX: (412) 644-5872, TTY Number: (412) 644-5747
- Puerto Rico—Multifamily Housing Program Center, HUD Caribbean Office, 171 Carlos E. Chardon Avenue, San Juan, PR 00918-0903, OFC Phone: (787) 766-5401, FAX: (787) 766-5522, TTY Number: (787) 766-5909
- Rhode Island—Multifamily Housing Program Center, HUD—Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903-2808, OFC Phone: (401) 528-5230, FAX: (401) 528-5097, TTY Number: (401) 528-5403
- South Carolina—Multifamily Housing Program Center, HUD Columbia Office, 1835 Assembly Street, Columbia, SC 29201-2480, OFC Phone: (803) 765-5162, FAX: (803) 253-3043, TTY Number: (803) 253-3209
- South Dakota—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202-3607, OFC Phone: (303) 672-5343, FAX: (303) 672-5153, TTY Number: (303) 672-5248
- Tennessee—Multifamily Housing Program Center, HUD—Knoxville Office, 710 Locust Street, SW, Knoxville, TN 37902-2526, OFC Phone: (423) 545-4411, FAX: (423) 545-4578, TTY Number: (423) 545-4559
- Multifamily Housing Program Center HUD—Nashville Office, 251 Cumberland Bend Drive, Suite 200, Nashville, TN 37228-1803, OFC Phone: (615) 736-5748, FAX: (615) 736-2018, TTY Number: (615) 736-2886
- Texas—Multifamily Housing Hub, HUD Ft. Worth Office, 801 Cherry Street, PO Box 2905, Ft. Worth, TX 76102-2905, OFC Phone: (817) 978-5764, FAX: (817) 978-5520, TTY Number: (817) 978-5965
- Multifamily Housing Program Center, HUD Houston Office, 2211 Norfolk, #200, Houston, TX 77098-4096, OFC Phone: (713) 313-2274 Ext. 7015, FAX: (713) 313-2319, TTY Number: (713) 834-3274
- Multifamily Housing Program Center, HUD San Antonio Office, 800 Dolorosa, San Antonio, TX 78207-4563, OFC Phone: (210) 475-6831, FAX: (210) 472-6897, TTY Number: (210) 475-6885
- Utah—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202-3607, OFC Phone: (303) 672-5343, FAX: (303) 672-5153, TTY Number: (303) 672-5248
- Vermont—Multifamily Housing Program Center, HUD—Manchester Office, Norris Cotton Federal Bldg., 275 Chestnut Street, Manchester, NH 03101-2487, OFC Phone: (603) 666-7684, FAX: (603) 666-7697, TTY Number: (603) 666-7518
- Virginia—Multifamily HUD Richmond Office, 3600 West Broad Street, Richmond, VA 23230-4920, OFC Phone: (804) 278-4500 Ext. 3146, FAX: (804) 278-4613, TTY Number: (804) 771-2038
- Washington—Multifamily HUD Seattle Office, 909 First Avenue, Suite 190, MS-0AHM, Seattle, WA 98104-1000, OFC Phone: (206) 220-5228 ext. 3250, FAX: (206) 220-5206, TTY Number: (206) 220-5254
- West Virginia—Multifamily HUD—Charleston Office, 405 Capitol Street, Suite 708, Charleston, WV 25301-1795, OFC Phone: (304) 347-7000 Ext. 103, FAX: (304) 347-7050, TTY Number: (304) 347-5332
- Wisconsin—Multifamily, HUD Milwaukee Office, 310 West Wisconsin Avenue, Room 1380, Milwaukee, WI 53203-2289, OFC Phone: (414) 297-3214 Ext. 8662, FAX: (414) 297-3204, TTY Number: (414) 297-1423
- Wyoming—Multifamily Housing Hub, HUD Denver Office, 633 17th Street, 14th Floor, Denver, CO 80202-3607, OFC Phone: (303) 672-5343, FAX: (303) 672-5153, TTY Number: (303) 672-5248

APPENDIX B

MULTIFAMILY HOUSING

Service Coordinator Program

Grant Application 2003

**Application Due Date:
July 10, 2003**

**U.S. Department of Housing and Urban Development
Office of Housing
Office of Multifamily Housing Programs**

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Attachments

1. Applicant Checklist
2. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
3. Transmittal Letter Format for Designated Lead Agency
4. Application for Federal Assistance (HUD-424)
5. Applicant Assurances and Certifications (HUD-424B)
6. Disclosure Form Regarding Lobbying (SF-LLL)
7. Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
8. Acknowledgment of Application Receipt (HUD-2993)
9. Client Comments and Suggestions (HUD-2994)
10. Fiscal Year 2003 Service Coordinator Notice of Funding Availability with Field Office List

👏 HELPFUL HINTS 👏

- Be sure to read the application materials carefully and thoroughly.
- If you have any questions about any part of this application, do not make assumptions or guesses. Contact HUD Field staff for assistance.
- The owner corporation is the only eligible applicant and recipient of Service Coordinator funds. Property management companies and other agents may prepare applications, but may not receive funds (Section 3.1).
- Section 202 with Project Rental Assistance Contracts (PRAC) and Section 811 developments are not eligible for funding (Section 3.2.2).
- Only developments designed for the elderly or people with disabilities and continuing to operate as such are eligible for funding. Developments designed for primary residence by families are not eligible (Section 3.2).
- There is no minimum unit number to be eligible for funding (Section 3.2.1(G)).
- You may request funds to augment the time of a current Service Coordinator or hire an additional Service Coordinator or aide (Section 3.3.1(D)).
- You may request funding to continue a Service Coordinator program paid through other resources, if those resources are no longer available or will discontinue within six months following the application due date (Section 3.3.1(E)).
- As part of your program, you may provide service coordination to low-income elderly or disabled families living in the vicinity of an eligible development (Section 3.3.1(F)).
- When preparing your application, please number all pages and clearly identify all components of your application package.
- The Standard Form 424 requests the Catalogue of Federal Domestic Assistance (CFDA) number for this program. The number is 14.191.

1. Introduction

This application package contains instructions and materials for Service Coordinator grants for multifamily assisted housing developments for the elderly and people with disabilities. Applicants will submit requests to their local Field Office. Field staff will review applications and will forward to HUD Headquarters funding request information for those applications that meet threshold eligibility criteria. HUD Headquarters staff will place all eligible applications in a national lottery. HUD will make three-year grants through this process and will award approximately \$25 million. All grants are renewable in the future, subject to the availability of funds and acceptable program performance.

2. APPLICATION REQUIREMENTS

2.1 Deadline Date: The Application deadline date is July 10, 2003. Applicants must submit applications to their local Field office as directed in the Service Coordinator Notice of Funding Availability (NOFA) and in this application package.

2.2 Number of Copies. You must submit **one original application and two copies** to the appropriate Field Office.

2.3 Number of Applications

A. You may submit one application for one or more developments that your corporation owns.

OR

B. You may submit more than one application to a single Field Office, if you wish to increase your chances of selection in the lottery. Each application must propose a stand-alone program at separate sites and the development(s) must all be located in the same Field Office jurisdiction.

C. If you wish to apply on behalf of developments located in different Field Office jurisdictions, you must submit a separate application to each Field Office.

2.4 Applications With Multiple Developments and Joint Applications

2.4.1 Multiple Development Applications

You may propose to hire a Service Coordinator who will be shared among eligible developments that your corporation owns. You need submit only one transmittal letter and set of other required attachments. In your letter, be sure to list all developments that will share the coordinator and provide all pertinent development information.

2.4.2 Joint Applications

You may join with one or more owners to share a Service Coordinator and so submit a joint application. In the past, owners of small developments have joined together to submit one application for one Service Coordinator who will serve all sites.

One entity must act as the "lead applicant" and submit a transmittal letter covering all requests, (see sample letter format, Attachment 3). Send all owners' applications together, with the transmittal letter as the cover letter for the group of applications. This insures that all multiple requests are reviewed together.

The applicants must show the grant amount, and residual receipts/excess income, if appropriate, for **EACH** development. HUD will not award funds to one owner or a third party organization (e.g., a management agent) to be parceled out to the other owners.

2.5 Grant Amount

There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide). You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

2.6 Applicant Checklist

Make sure that you have included all required components and information in your application. Use the Applicant Checklist (Attachment 1) to help you keep track of these items. Check off each item as you put your application together and include the checklist as part of your application package. Your application must include the below items:

- A. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
- B. If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.
- C. Evidence of comparable salaries in your local area.
- D. Narratives
 - 1) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25% of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)
 - 2) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents.
 - 3) If you include quality assurance in your proposed budget, provide a justification and explanation of who will perform this work, what responsibilities are involved, and how often the work will be done.
 - 4) If you propose to serve community residents, present a description of your plan.
 - 5) If you are applying for an ALCP grant, (a) describe how the new or additional Service Coordinator hours will support your proposed assisted living program, by following the instruction provided in the ALCP NOFA and (b) indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

- E. If applicable, Evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.
- F. A bank statement showing the current residual receipts or excess income balance in the development's account.
- G. Applicant checklist
- H. Standard Forms:
 - 1) Application for Federal Assistance (HUD-424)
 - 2) Applicant Assurances and Certifications (HUD-424B)
 - 3) If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
 - 4) Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
 - 5) Acknowledgment of Application Receipt (HUD-2993)
 - 6) Client Comments and Suggestions (HUD-2994)

2.7 Application Submission

2.7.1 Submission Address

Send your application to the local HUD Field Office that serves the jurisdiction in which the development proposed for funding is located. Address your application to the Director, Multifamily Housing Hub or Program Center. See list of Field Offices in Appendix A to the NOFA. Do not send any copies of applications to HUD Headquarters.

2.7.2 Delivery Options

- A. You may not hand deliver applications. HUD will reject any hand-delivered applications.
- B. You may send your application via any mail delivery service. However, HUD recommends that you send your application through the United States Postal Service, as access to HUD offices by other delivery services is not guaranteed and access may be denied for security reasons.
- C. To be considered for funding, HUD must receive your mailed application no later than 3:30 PM *local time* on the application due date.

If you mail your application to the wrong Field Office and it is not received by the Office designated for receipt by the due date and time, it will be considered late and disqualified from funding. HUD is not responsible for directing it to the appropriate Office. **Proof of timely submission to HUD field offices will be the Certificate of**

Mailing (USPS Form 3817). Please remember that mail to Federal facilities is screened prior to delivery, so please allow time for your package to be delivered. If an application does not meet the filing requirements it will not receive funding consideration. Also, see the **General Section** of the SuperNOFA for further discussion concerning the form of application submission.

2.8 Technical Assistance

Field Office staff may provide limited technical assistance to owners to assist them in completing their applications. Technical Assistance includes such activities as explaining and responding to questions about program regulations, defining terms in an application package, and providing other forms of technical guidance that may be described in a NOFA. It does not include advising the applicant how to make substantive improvements to an application. See Appendix A to the NOFA for a list of Field Offices.

You also may email questions to Carissa_L._Janis@hud.gov. Your message may be forwarded to your local HUD Field Office contact person, so be sure to include your city and state in your message so we can respond promptly.

2.9 To Obtain Copies of this Application and NOFAs

You may obtain additional copies of this grant application by calling the SuperNOFA Information Center at 1-800-HUD-8929. If you have a hearing or speech impairment, please call the Center's TTY number at 1-800-HUD-2209. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). Application materials also will be available on the Internet at <http://www.hud.gov>.

2.10 Other Funding Sources

Some owners may have available residual receipts, excess income, or Section 8 funds (through their Housing Assistance Payment [HAP] contract). If these excess funds are sufficient to cover the costs of employing a Service Coordinator, you should use these resources first, whenever financially feasible, before applying for a grant. You will find procedures for applying for and using these funds in Housing's *Management Agent Handbook* 4381.5, Revision-2, Change-2, Chapter 8, and Notice 99-28 "Calculating and Retaining Section 236 Excess Income", Section II.C(3). Field Office staff will approve such requests consistent with current Section 8 and housing management policy. To the extent possible, HUD wants Service Coordinators to become permanent members of the management team and so this budget-based mechanism is a preferable long-term approach.

3. ELIGIBILITY CRITERIA

3.1 Eligible and Ineligible Applicants

Only owners of eligible multifamily assisted housing developments listed in Section 3.1, below, may request Service Coordinator funding. The owner entity must be the official applicant.

Property management companies, area agencies on aging, and other like organizations are not eligible applicants for Service Coordinator funds. However, such agents may prepare applications and sign application documents. To do so, **the application must include evidence that the owner has given authority for the agent to apply for the funds and to sign the application documents on behalf of the owner corporation.** A letter from the owner corporation stating this authority is acceptable evidence. In such cases, the owner corporation **must** be indicated on all forms and documents as the official funding recipient.

To be eligible for funding, you must meet all of the applicable threshold requirements of Section V(B) and (D) of the **General Section** of the SuperNOFA and must be owners of developments assisted under the following programs:

- A. Section 202 Direct loan;
- B. Project-based Section 8 (including Section 8 Moderate Rehabilitation), or
- C. Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

If your eligibility status changes during the course of the grant term making you ineligible to receive a grant (e.g. due to prepayment of mortgage, sale of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD has the right to terminate your grant.

3.2 Eligible and Ineligible Developments

3.2.1 Eligible Developments

Developments listed in section 3.1, above, are eligible only if they meet the following criteria:

- A. Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents.

- B. Are designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992. If not so designed, a development in which the owner gives preferences in tenant selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.
- C. Are current in mortgage payments or are current under a workout agreement.
- D. Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better or an approved plan for developments scoring less than 60.
- E. Are in compliance with their regulatory agreement, HAP Contract, and other outstanding directives.
- F. Have insufficient surplus cash available at the time of application that otherwise could be used to hire a Service Coordinator. HUD Field staff will make this determination based on the surplus cash statement of the development's last Annual Financial Statement.
- G. Please note that there is no minimum unit number eligibility criterion. This means, for example, an owner of a 20-unit development may submit an application for a Service Coordinator to serve only those 20 units. However, this development still must meet all eligibility criteria and the owner must carefully conform to the hiring guidelines presented in Section 5.3, below, in proposing salary and number of work hours.

3.2.2 Ineligible Developments

Ineligible developments include those that are:

- A. For primary residence by families (i.e. not designed for the elderly or disabled or no longer operating as such).
- B. Financed through Section 221(d)(4) **and without project-based Section 8.**

- C. Section 202 or 811 developments with a Project Rental Assistance Contract (PRAC). Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with the *Management Agent Handbook* 4381.5 Revision-2, Change-2, Chapter 8. There is no statutory authority for Service Coordinators in Section 811 developments.
- D. Developments with project-based Section 8 vouchers are not eligible to receive Service Coordinator grants.

3.3 Eligible and Ineligible Activities

3.3.1 Eligible Activities

- A. Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs for employing a Service Coordinator.
- B. You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed five (5) percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position is effectively implemented. A qualified third party must perform the program evaluation work and must have supervisory work experience and education in social or health care services. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year. On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.
- C. You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field Office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.
- D. You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis.
- E. You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application due date and that no other funding mechanism is available to continue the program.

This does not apply to the Service Coordinator grants previously awarded between 1992 and 1999. HUD will provide one-year extensions to these expiring grants through a separate funding action.

- F. You may provide service coordination to low-income elderly or disabled families living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator. However, you must make reasonable accommodations for those individuals unable to travel to the housing site.

3.3.2 Ineligible Activities

- A. You may not use funds available through the Service Coordinator NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs Service Coordinator functions.
- B. Owners with existing Service Coordinator subsidy awards or grants may not apply for renewal or extension of those programs.
- C. Congregate Housing Services Program (CHSP) grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a Service Coordinator.
- D. The cost of application preparation is not eligible.
- E. Grant funds cannot be used to increase a project's management fee.
- F. You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving low-income elderly or disabled families who live in the vicinity of your development.

4. SERVICE COORDINATION

4.1 General

A Service Coordinator is a social service staff person hired by the development owner or Management Company. The coordinator is responsible for linking elderly residents, especially those who are frail or at-risk, or non-elderly residents with disabilities to the supportive services they need to continue living independently.

Service coordination means the activity of linking a resident to needed supportive services or medical services which may be provided by private practitioners or agencies in the general community. Additionally, the term may cover case management, both formal and informal, in which the Service Coordinator assesses service needs; determines eligibility for public services, and makes resource allocation decisions.

4.2 Who Does Service Coordination?

Service coordination may be performed by:

- An on-site or off-site staff person hired by the development owner or management agent, or shared among these employers;
- An on-site or off-site staff person hired by a third party agency, and contracted to the development owner or management agent, or
- A staff person hired by a third party agency, who provides case management and service coordination for a development resident in concert with the distribution of that agency or another agency's funding.

4.3 Indications of Existing Service Coordination

If Service Coordination is currently in-place and paid for by HUD or resources other than HUD's, the costs may not be shifted to these grant funds. These services may often be performed by staff with job titles other than "Service Coordinator" or be performed on a part-time basis by other members of the management team. No part of this activity's cost, regardless of who performs the service, may be transferred to this grant program.

The following may be indicators of existing coordination arrangements:

- Supplemental Security Income (SSI) and/or Medicaid payments going directly to the development's management for rent and service costs;
- The management of the development coordinates the services (and possibly their payment);
- Third party staff persons are placed on the premises without charge to the current HUD budget for the development, and
- Any combination of the above.

Case managers, social workers, or Service Coordinators may provide these services. These staff may be employed by a development owner or Management Company, or a state/local government agency. Not all developments for people with disabilities have a Service Coordinator in place or can provide this service for their residents. Therefore, HUD will individually evaluate each application to determine whether it may qualify for funding under this program, regardless of the population served.

4.4 Functions of a Service Coordinator

The major functions of the Service Coordinator include the following:

- A. Provide general case management (including intake) and referral services to all residents needing such assistance.
- B. Provide formal case management (i.e., evaluation of health, psychological and social needs, development of an individually tailored case plan for services and periodic reassessment of the resident's situation and needs) for a resident when such service is not available through the general community.

There may be times when there will be difficulty in linking up residents with a community assessment agency in a timely manner. Therefore, the Service Coordinator may want to consider setting up a Professional Assessment Committee (PAC) to work with the Service Coordinator to perform initial assessments. (See the guidance in the CHSP regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments). A PAC member shall NOT be paid for his/her services with grant funds.

- C. Establish linkages with agencies and service providers in the community; shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident(s).
- D. Create a directory of providers for use by both development staff and residents.
- E. Refer and link the residents of the development to service providers in the general community. Examples are: Case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness and legal advocacy.
- F. Educate residents on service availability, application procedures, client rights, etc. Provide advocacy as appropriate.

- G. Monitor the ongoing provision of services from community agencies and keep the case manager and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.
- H. Help the residents build informal support networks with other residents, family and friends.
- I. Set up volunteer support programs with service organizations in the community.
- J. Provide training to the development's residents in the obligations of tenancy or coordinate such training.
- K. Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.
- L. Develop case plans in coordination with community assessment services or with a PAC.
- M. Work and consult with tenant organizations and resident management corporations.

4.5 Ineligible Work Responsibilities

During work hours paid for by this grant, Service Coordinators may not perform the following activities:

- A. Act as a recreational or activities director;
- B. Provide supportive services directly;
- C. Assist with property management work, and
- D. Act as a Neighborhood Networks director or coordinator.

4.6 Basic Qualification Guidelines for Service Coordinators and Aides

4.6.1 Service Coordinator Qualifications

Qualifications include the following:

- A. A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. However, individuals without a degree, but with appropriate work experience, may be hired. Such situations must not be rejected out of hand.

- B. Training in the aging process, elder services, disability services, eligibility for and procedures of Federal and applicable State entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

This requirement is not a prerequisite for hiring. The owner must certify and put in the project files, that the training requirements, if not met at the point of hiring, will be satisfied within one year. See Housing's *Management Agent Handbook* 4381.5 Revision-2, Change-2, Chapter 8.

- C. Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable.
- D. Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities in the area served by the development.
- E. Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and disabled served.

4.6.2 Aides Working with a Service Coordinator

- A. It is desirable, but not required, that aides have a college degree. They should, however, have appropriate experience in working with the elderly and/or people with disabilities.
- B. Options for structuring an "aide" situation:
- Set up an internship or work study program with local colleges and universities to assist in carrying out some of the functions noted under Section 4.4, above.
 - Use local college and university programs to provide planning guidance to development staff or provide program evaluation/assessment functions.

5. STAFFING CONSIDERATIONS

5.1 Contracting Out

The Service Coordinator functions may be contracted out by the owner if the contract is with a single individual or with a third party agency that commits the time of a single individual to do the necessary work. Such individual should meet the qualification guidelines stated previously in section 4.6.

5.2 Sharing a Coordinator

Owners of eligible developments may combine efforts to hire a part-time or full-time Service Coordinator. Sharing is especially encouraged for smaller buildings. Owners may join together to share a Service Coordinator and may submit a combined application as described below.

5.3 Guidelines for Work Time

Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities. However, the population of most developments will contain a significant number of residents who are not frail, at-risk, or disabled. Thus, the determination of whether or not a Service Coordinator is full time should be related to the number of people in the development who are frail, at-risk, or disabled, with less consideration given to the other residents of the development.

The requirement that 25 percent of the residents must be frail or at-risk elderly, and/or non-elderly people with disabilities means, for example, that in a 50-unit development, at least 13 residents must be frail, at-risk, or disabled.

Example 1: In a 50-unit development, 13 residents are frail and 15-20 others are at-risk. The development could justify a 1/2 time coordinator.

Example 2: In a 75-unit development, 20 residents are frail and 15-20 others are at-risk. This development could justify at least a 3/4 time Service Coordinator.

Example 3: In a 110-unit development, 40 residents are frail and 40 others are at-risk. This development could justify a full-time coordinator and possibly a part-time aide.

Example 4: Three developments of 20, 20 and 51 units (91 units, total) join forces. Among them, they have 10 frail residents and 15 others that are at-risk. These developments could justify at least a 3/4 time coordinator (after making allowances for travel time between sites).

Example 5: In a 80-unit development there are no frail individuals, but about 40 who are at-risk. This development could justify a 3/4 to full-time coordinator.

Example 6: In a 150 unit development, 45 residents are frail and another 60 are at-risk. This development could justify at least one full-time and an additional part-time Service Coordinator.

All above examples are guidelines that you should adapt to local situations. Non-elderly people with disabilities would factor the same in the above examples as either frail or at-risk elderly.

5.4 Quality Assurance

Management must assure that the Service Coordinator function is effectively implemented. Therefore, quality assurance (i.e. program evaluation) is an allowable program expense and HUD strongly encourages you to include this practice in your program. You may propose a cost of up to five (5) percent of the Service Coordinator salary to pay for on going program evaluation activities. Your QA activities must include two program evaluation reviews during the first year of program operation and one review each successive year.

In your application, provide a narrative description of your proposed QA activities and indicate the qualifications of potential consultants who you would use to evaluate your program. A qualified third party must perform the program evaluation work. Basic qualifications include supervisory experience and education in social or health care services. If you receive a Service Coordinator grant, you will be required to provide evidence of your consultant's qualifications and to maintain copies of your program evaluation reports in your grant files.

In-house and management staff may NOT perform this function and their salaries may not be augmented for this purpose.

6. FRAILTY CONSIDERATIONS

While a Service Coordinator may serve any resident of a development who needs assistance, priority must be given to frail or at-risk elderly or non-elderly people with disabilities.

Frailty is defined as being deficient in at least three Activities of Daily Living (ADL) (see below). An at-risk person will be deficient in 1-2 ADLs. The **MINIMUM** requirements necessary to qualify for an ADL deficiency are as follows:

- A. *EATING*: May need assistance with cooking, preparing or serving food, but must be able to feed self;
- B. *DRESSING*: Must be able to dress self, but may need occasional assistance.
- C. *BATHING*: May need assistance in getting in and out of the shower or tub, but must be able to wash self;
- D. *GROOMING*: May need assistance in washing hair, but must be able to take care of personal appearance;
- E. *TRANSFERRING*: May need assistance in getting in and out of bed and chairs, walking, going outdoors, using the toilet; and,
- F. *HOME MANAGEMENT ACTIVITIES*: May need assistance in doing housework or laundry or getting to and from one location to another, for activities such as going to the doctor or shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

Each of the ADLs noted above includes a requirement that a person must be able to perform at a specified minimum level (e.g., to satisfy the eating ADL, the person must be able to feed him/herself). The determination of whether a person meets this minimal level of performance must include consideration of those services being performed by a spouse, relatives or other attendants to be provided by the individual. Take for example, a person who requires assistance with cooking, preparing, or serving food plus needs assistance in feeding him/herself. That individual meets the minimum performance level and thus satisfies the eating ADL if a spouse, relative or attendant provides assistance with feeding the person. Should such assistance become unavailable at any time, the owner is not obligated to provide individualized services beyond those offered to the resident population in general.

The ADL analysis is NOT used for a determination of eligibility for occupancy, or for determination of whom the Service Coordinator will assist. Rather, the owner must estimate the number of frail or at-risk elderly and/or non-elderly people with disabilities in the development and certify that this number is at least 25 percent of the total number of residents.

7. DETERMINING PROGRAM COSTS

7.1 Determining Program Costs

Be sure to carefully review the instructions to the Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i). It lists the eligible cost categories and indicates how costs should be presented on the budget part of the form. Please fill out all of the detailed information requested; if you do not, HUD may not clearly understand or approve your request. As with other application components, do not guess if you are unsure how to respond to the information requested. Please call your local HUD field Office staff for assistance.

HUD will approve your proposed program expenses if they are reasonable. Reasonable costs are generally those that are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction. Use the staffing guidelines in Section 5, above, to determine the appropriate number of work hours for your proposed program. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. Field staff can provide you with contacts at local program sites.

Please note that you may base your estimated program costs for years two and three on an annual inflation factor of up to five percent. Any one-time, first-year start-up costs must be subtracted from the year 1 total before calculating the years two and three estimates.

7.2 Use of Residual Receipts or Excess Income

If your development has available residual receipts or excess income, you are strongly encouraged to use these funds prior to receiving grant monies. You should use these excess amounts as long as they are not already allocated for other critical development expenses. If you propose to use residual receipts to supplement grant funds, you must submit a copy of the residual receipts account statement to the Field office for verification. If your development does not have a residual receipts account or has insufficient funds to use for this program, so state.

Do not forget that your budget worksheet should reflect your estimated total program costs. If you will be using residual receipts or excess income in combination with grant funds, be sure to subtract this amount from the total cost, to determine the three-year grant amount to request.

Section 202/8 developments may use any residual receipts amount that exceeds \$500 per unit.

8. Selection and Funding Process

8.1 Selection Process

HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily Hub and Multifamily Program Centers. (A list of these offices is an appendix to the NOFA.)

8.1.1 Threshold Eligibility Review. HUD Multifamily Field Office staff will review applications for completeness and compliance with the eligibility criteria set forth in Section III of the Service Coordinator NOFA and Section 3 of this application. Field Office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date; meets all eligibility criteria; proposes reasonable costs for eligible activities, and includes all technical corrections by the designated deadline date.

8.2 Funding Process

HUD will first fund Service Coordinator Costs in FY 2003 Assisted Living Conversion Program applications selected for funding under that program NOFA. HUD estimates that approximately \$1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. HUD may make an award in an amount less than requested, if:

- A. HUD determines that some elements of your proposed program are ineligible for funding;
- B. There are insufficient funds available to make an offer to fully fund the application, or
- C. HUD determines that a reduced grant amount would prevent duplicative Federal funding.

9. Assisted Living Conversion Program Applicant's Information

9.1 General

Owners applying for an ALCP grant may also apply for Service Coordinator funding through the Service Coordinator NOFA. Owners may apply if they meet the following conditions:

- A. Do not currently have a Service Coordinator program. If your development does not have a program, you can apply for funds to serve ALCP residents and/or the other non-assisted living residents in the development.
- B. Have a Service Coordinator program, but need additional hours or staff to serve the assisted living residents.
- C. In either case described above, you do not have available residual receipts, excess income, or Section 8 funds to cover the cost of a new or augmented Service Coordinator program.

Describe in your Service Coordinator and ALCP applications how the new or additional Service Coordinator hours will support your proposed assisted living program. To do this, follow the instruction provided in the ALCP NOFA.

9.2 Application Requirements

You must submit all required components of this Service Coordinator application package. However, you will also submit the following forms as part of your ALCP application. Therefore, you may submit copies of these forms in your Service Coordinator application. HUD only needs one form with an original signature, but we do need a copy of the form to make each application complete:

- Application for Federal Assistance (HUD-424)
- Disclosure Form Regarding Lobbying (SF-LLL)
- Applicant/Recipient Disclosure/Update Report Form (HUD-2880)

Also, be sure to complete all relevant ALCP questions on the Request for Service Coordinator Funding (form HUD-91186).

10. Program Requirements

To receive and administer a Service Coordinator grant, you must meet the requirements of this Section and of Section V of the **General Section** of the SuperNOFA. (Please note that paragraphs E, G, and M of Section V do not apply to the Service Coordinator program.) These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program.

- A. You must make sufficient separate and private office space available for the Service Coordinator and/or aides, without adversely affecting normal activities.
- B. The Service Coordinator must maintain resident files in a secured location. Files must be accessible **ONLY** to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.
- C. Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education requirements, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.
- D. **Administrative Costs.** The administrative costs of your program cannot exceed 10% of the program's cost.
- E. **Reports.** Grantees must submit semi-annual financial status and program performance reports. They must also provide information supporting program expenses at the time of receipt of grant funds for cost reimbursement. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. The data that HUD collects on the Performance Report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the Performance Report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.
- F. As a condition of receiving a grant, Section 202 developments with project-based Section 8 must open a Residual Receipts account separate from the Reserve for Replacement account, if they do not already have such a separate account.

- G. Term of Funded Activities. The grant term is three years. HUD will renew grants subject to the availability of funds and acceptable program performance.

- H. Subgrants and Subcontracts. You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

APPLICANT CHECKLIST

Use this checklist to review your package and insure that all materials are properly completed and included. Submit a copy of this form with your request to HUD.

- 1. Service Coordinator Funding Request (forms HUD-91186 and HUD-91186-i)
- 2. Lead agency letter (*if applicable*)
- 3. Evidence of comparable salaries in local area
- 4. Narratives of proposed program components:
 - a. Method of estimating numbers of frail and at-risk elderly individuals and people with disabilities
 - b. Providing private office space for the Service Coordinator
 - c. Providing Quality assurance
 - d. Serving community residents
 - e. If your application requests additional hours or staff for an existing program, describe your program's needs. ALCP applicants should also explain why they will need additional time or staff for their proposed assisted living program.
- 5. (*If applicable*) Evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within six months following the application deadline date.
- 6. A bank statement showing the development's current residual receipts or excess income balance.
- 7. ALCP applicant's Statement of whether or not your Service Coordinator application should be entered into the lottery, if not selected for an ALCP award.
- 8. Applicant Checklist
- 9. Application for Federal Assistance (HUD-424)
- 10. Applicant Assurances and Certifications (HUD-424B)

- 11. If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)
- 12. Applicant/Recipient Disclosure/Update Report Form (HUD-2880)
- 13. Acknowledgment of Application Receipt (HUD-2993)
- 14. Client Comments and Suggestions (HUD-2994, *optional*)

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(exp. 06/30/2003)

Instructions for Completing the Service Coordinator Funding Request

Item	Discussion
Section 1: Project Information	
Items are self-explanatory. Please remember to submit a full set of information for EACH housing development included in your application.	
Section 2: Budget Information **	
(Please note: You may increase costs from year to year by no more than five percent (5%).)	
a. Personnel (Direct Labor)	<p>This section should show the labor costs for The Service Coordinators and/or aides.</p> <p>Use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation).</p> <p>Indicate if an individual is employed by a contractor or sub-grantee.</p> <p>Do not show fringe or other indirect costs in this section.</p>
b. Fringe Benefits	Use the standard fringe rates used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. Use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, use a different base and discuss how you calculate fringe as a comment.
c. Quality Assurance	Indicate the individuals you will use. Give the professional's title (e.g. MSW), the number of hours over the year you expect to use them, and their hourly rate. Remember that Quality Assurance is limited to program evaluation activities.
d. Construction of office space	List expenses associated with setting up a private office for the Service Coordinator. List each anticipated cost. You may incur These costs only during the first year of your program.
e. Office furniture and equipment	List start-up expenses related to furniture, computers, printers, and other office equipment. List the quantity and unit cost. These should be items you anticipate purchasing only in the first year of your program.
f. Administrative Costs (1) Direct Costs	
a. Training	Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the anticipated cost.
b. Travel	Provide mileage and cost estimates for use of private vehicles or public transportation; show the estimated cost of airfare required to attend training programs, and list necessary per diem rates in accordance with your organization's policies. Give travel destinations if known.
c. Supplies and Materials	List the supplies you propose to purchase. You can use an anticipated consumption rate to estimate the cost of office or other common supplies, (e. g. 1 box paper clips every 3 months). Include

	replacement of office equipment. List items individually along with the quantity and their anticipated cost.
d. Other Direct Costs	<ul style="list-style-type: none"> • Include costs such as telephone and Internet Service, printing, postage, and maintenance of office equipment. When such costs are incurred solely for Service Coordinator program activities.
F(2) Indirect Costs	OMB Circular A87 defines indirect costs as those that have been incurred by multiple programs for common or joint purposes. Indirect costs are associated with the centralized services distributed throughout your agency and cannot be readily identified with one particular program. Additionally, the costs should not be otherwise treated as direct costs. If your organization already has an established indirect cost rate, use this rate and explain how it is calculated.
Total Administrative Costs	Sum costs in items f(1)(a through d) and f(2) to get the total administrative cost. This cost cannot exceed ten percent (10%) of the sum of lines "a" through "e".
g. Grand Total	Sum lines "a" through "f" for each year. Then add the annual totals together to get to the total 3-year amount.
h. Contracts (Sub-Grantees)	If you will contract with a public or private agency to provide the Service Coordinator or Quality Assurance, list the activities and costs included in the contract in this section.
i. Quality Assurance percent of Direct Labor Cost (line "a")	Quality Assurance costs cannot exceed five percent (5%) of your total direct labor cost. Calculate your percentage and include on this line, to ensure you are within the 5% cap.
j. Administrative costs percent of program costs (line "f" divided by sum of lines "a" through "e").	Administrative costs included in line f cannot exceed ten percent (10%) of the total amount of all other program costs. Figure the sum of lines "a" through "e". Divide this sum into the total amount of costs included in line "f". Make sure the result is no greater than 10%.
Section 3: Funding Sources and Time Periods	
<p>Housing owners can use any of the four funding sources to pay the costs of a Service Coordinator program. You may use these resources individually or in combination with each other. Indicate which funding sources you propose to use, by giving the dollar amount, the number of years and months during which you will use the funds, and the exact time period, (e.g. from May 1, 2003 to April 30, 2006).</p> <p>If you are applying for a grant, the dollar amount you give in the "Grant" line will be the application amount entered into the lottery.</p>	

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Service Coordinator Funding Request Form

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval No. 2502-0477. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545)

Name and Address of Applicant/Owner:

1. Project Information: please provide the information for every project included in your request; add more pages if needed.

a. Project Name:

b. FHA or Project Number:

c. Section 8 Number: _____

d. Indicate type of project:

Section 202 Section 221d(3)BMIR Section 8 Section 236

e. Total Number of Rental Units:

f. Project uses which method:

Budget-Based Rent Increases
 AAF Increases

g. Resident Info:

Number

% of Total

Estimate the Number of residents to be serviced by ALSCP (if applicable) _____

Total # of Residents:

Estimate # of Frail Elderly: _____

XX

Estimate # of at Risk Elderly: _____

h. If you plan to share the Service Coordinator with other HUD eligible developments, give proportionate amount of time Service Coordinator will serve each site:

Project Name(s)	# of Hours per week					
i. Do you currently have a Service Coordinator working at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, -						
1) How many hours per week does the Service Coordinator currently work?						
2) How many hours per week do you want to add to your program?						
3) Will you extend current employees hours or hire additional staff?						
4) Provide a narrative explanation of why the extra time/staff is needed.						
2. Budget Information **						
a. Personnel (Direct Labor)	Estimated Hours	Rate per hour	Estimated Cost	Year 1	Year 2	Year 3
Identify Service Coordinator or Aide						

Total Direct Labor Cost				Total 3 Year Amount		
				Year 1	Year 2	Year 3
b. Fringe Benefits	Rate (%)	Base	Estimated Cost			
Total Fringe Benefits Cost				Total 3 Year Amount		

c. Quality Assurance (Maximum is 5% of "a")	Hours	Rate Per Hour	Estimated Cost	Year 1	Year 2	Year 3

Total Quality Assurance		Total 3 Year Amount	
Quantity	Unit Cost	Year 1	Year 2
d. Construction of Private Office Space	Estimated Cost	XXXXXX	XXXXXX
		XXXXXX	XXXXXX
Total Construction	Total 3 Year Amount		
e. Office Furniture/Equipment (Start-up Costs)	Estimated Cost	XXXXXX	XXXXXX
		XXXXXX	XXXXXX
Total Cost of Furniture/Equipment	Total 3 Year Amount		
f. Admin Costs			
1) Direct Costs			
Training	Estimated Cost	Year 1	Year 2
			Year 3
Travel	Rate per mile	Year 1	Year 2
			Year 3
Supplies/Equipment	Unit Cost	Year 1	Year 2
			Year 3

Other									
2). Indirect Admin Costs									
Total Admin Cost									
g. Grand Total									
h. Contracts. If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost									
i. Quality Assurance is what percent of total direct labor costs ("a")? _____ % (Can't exceed 5%)									
j. Line f can't exceed 10% of sum of lines a-e.									
Sum of lines a-e \$ _____ Line f is _____ % of this total program cost.									
*** Please note: You may increase costs from year to year by no more than 5%.									
3. Funding Sources and Time Periods (Indicate all that apply.)									
Grant	\$		Years	Months	From Date	to Date			
Residual Receipts	\$		Years	Months	From Date	to Date			
Excess Income	\$		Years	Months	From Date	to Date			

Application for Federal Assistance

U.S. Department of Housing and Urban Development

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

1. Type of Submission <input type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted	4. HUD Application Number		
3. Date and Time Received by HUD		5. Existing Grant Number			
[Redacted]		6. Applicant Identification Number			
7. Applicant's Legal Name		8. Organizational Unit			
9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code:		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail:			
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appropriate letter in box) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </td> <td style="width:50%; border: none;"> I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) </td> </tr> </table>		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)
A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District	I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)				
13. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development			
15. Catalog of Federal Domestic Assistance (CFDA) Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">14 ---</div> Title: Component Title:		16. Descriptive Title of Applicant's Program			
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)		18a. Proposed Program start date 18b. Proposed Program end date 19a. Congressional Districts of Applicant 19b. Congressional Districts of Program			
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.					
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.					
22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.					

Funding Matrix									
The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.									
Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Grand Totals									
* For FHIPs, show both initiative and component									
Certifications									
I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.									
Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.									
This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.									
23. Signature of Authorized Official					Name (printed)				
Title						Date (mm/dd/yyyy)			

Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 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. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
 - (a) with a date; and
 - (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.

12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form.

Enter the following information:

Grant Program: The HUD funding program under which you are applying.

HUD Share: Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

Applicant Match: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Other Federal Share: Enter the amount of other Federal funds for your program of activities.

Applicant Assurances and Certifications	U.S. Department of Housing and Urban Development	OMB Approval No. 2501-0017 (exp. 03/31/2005)
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Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:

Name: _____, Title: _____
 Organization: _____, Date: _____

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.
2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance **OR** if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).
3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.
4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.
6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 *et seq.*) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.
7. Will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an on-going drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Applicant Assurances and Certifications (Continued)	U.S. Department of Housing and Urban Development	OMB Approval No. 2501-0017 (exp. 03/31/2005)
<p>(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> <p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--</p> <p>(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or</p> <p>(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;</p> <p>(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).</p> <p>(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.</p> <p>(i). Place of Performance (street address, city, county, state, zip code)</p> <p>8. In accordance with 24 CFR Part 24, and its principals:</p> <p>(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;</p> <p>(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;</p> <p>(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and</p> <p>(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.</p>	<p>(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.</p> <p>These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certification or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.</p>	

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**MAINSTREAM HOUSING
OPPORTUNITIES FOR PERSONS
WITH DISABILITIES (MAINSTREAM
PROGRAM)**

Billing Code 4210-32-C

Funding Availability for Mainstream Housing Opportunities for Persons With Disabilities (Mainstream Program)

Program Overview

Purpose of the Program. The purpose of this program is to provide vouchers under the Housing Choice Voucher Program to enable persons with disabilities (elderly and non-elderly) to access affordable private housing.

Available Funds. Approximately \$53.6 million in five-year budget authority, derived from FY 2003 Section 811 funding, for approximately 1,800 vouchers is available to public housing agencies (PHAs) and nonprofit organizations.

See section II (A) of this funding announcement, which fully addresses the source of the \$53.6 million in five-year budget authority appropriated by Congress for FY 2003 under Section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA) (42 U.S.C. 12701 *et seq.*), available under this funding announcement. All future references in this funding announcement to five-year budget authority are based upon this funding source.

Eligible Applicants. PHAs and nonprofit organizations that provide services to disabled families are eligible to apply. PHAs or nonprofit organizations that fall into any of the categories in section VII (B)(2) of this announcement are ineligible to have an application funded under this announcement. Indian Housing Authorities (IHAs), Indian tribes and their tribally designated housing entities are not eligible to apply because the Native American Housing Assistance and Self-Determination Act of 1996, (25 U.S.C. 4101 *et seq.*) does not allow HUD to enter into new housing choice voucher annual contributions contracts (ACC) with IHAs after September 30, 1997.

The vouchers that HUD will provide under this announcement must be made available to eligible disabled families regardless of their type of disability. (See the definition of disabled family in Section IV (E)(1) of this announcement.) The Mainstream Program vouchers must not be issued by the administering agency on the basis of any preference system favoring any particular type of disability over another, nor shall the vouchers be issued solely on the basis of an administering agency's waiting list which is based on that agency heretofore having served only certain types of disabled persons. The Housing Choice Voucher Program regulations provide at 24 CFR 982.207(b)(3) that a PHA may give preference for admission

of families that include a person with disabilities; however, the PHA may not give preference for admission of persons with a specific disability. This regulatory requirement is also applicable to nonprofit organizations that receive funding under this announcement; as such organizations must comply with the regulatory requirements applicable to the Housing Choice Voucher Program.

Application Deadline. June 18, 2003.
Match. None

Additional Information

If you are interested in applying for funding under the Mainstream Program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Application Kits, Further Information and Technical Assistance

Application Due Date. Submit your completed application (an original and one copy) to HUD on or before midnight of June 18, 2003. This application deadline date is firm. In the interest of fairness to all competing PHAs and nonprofit organizations, HUD will not consider any application that is submitted after the application deadline. Applicants should take this practice into account and make early submission of their materials to avoid any risk of loss of eligibility brought about by unanticipated delays or other delivery-related problems. HUD will not accept, at any time during the competition under this funding announcement, application materials sent via facsimile (FAX) transmission. See the paragraph titled "ADDRESSES AND APPLICATION SUBMISSION PROCEDURES" in the General Section of the SuperNOFA regarding HUD's mailing, delivery and receipt procedures pertinent to the submission of your application.

Address for Submitting Applications. Your completed application consists of one original and one copy. Submit your original application and one copy to: Grants Management Center, Mail Stop: Mainstream Program, 2001 Jefferson Davis Hwy, Suite 703, Arlington, VA 22202.

The Grants Management Center (GMC) is the official place of receipt for all applications in response to this announcement of funding availability. Applications not submitted to the GMC will not be considered. A copy of the application is not required to be submitted to the local HUD Field Office. For ease of reference, the term "local HUD Field Office" will be used in this announcement to mean the local HUD

Field Office Hub and the local HUD Field Office Program Center. A listing of HUD Field Offices is attached to the General Section of the SuperNOFA.

Application Kits. An application kit is not necessary for submitting an application in response to this announcement. This announcement contains all the information necessary for the submission of your application for voucher funding for the Mainstream Program.

Further Information and Technical Assistance. Prior to the application due date, you may contact George C. Hendrickson, Housing Program Specialist, Room 4216, Office of Public Housing and Voucher Programs, Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410; telephone (202) 708-0477, ext. 4064. Subsequent to application submission, you may contact the Grants Management Center at (202) 358-0221. (These are not toll-free numbers.) Persons with hearing or speech impairments may access these numbers via TTY (text telephone) by calling the Federal Information Relay Service at 1-800-877-8339 (this is a toll-free number).

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of an application. For more information about the date and time of this broadcast, you should consult the HUD web site at www.hud.gov.

II. Amount Allocated

(A) *Available Funding for Mainstream Program.* Approximately \$53.6 million in five-year funding is available for approximately 1,800 vouchers. This allocation is consistent with the Consolidated Appropriations Resolution, FY 2003 (Pub. L. 108-7, approved February 20, 2003), which provides that the Secretary of HUD may designate up to 25 percent of the amounts appropriated for supportive housing for persons with disabilities, under section 811 of the Cranston-Gonzalez National Affordable Housing Act (NAHA), for tenant-based assistance. The five-year budget authority made available to applicants under this Mainstream Program funding announcement does not exceed 25 percent of the \$248,886,653 million (dollar amount after rescission action) made available for the section 811 Program under the FY 2003 HUD Appropriations Act. All of the approximately \$53.6 million in Mainstream funding is for use in the housing of elderly and non-elderly disabled families.

(B) *Funding for the Section 811 Program.* The Section 811 Program of Supportive Housing for Persons With Disabilities, located elsewhere in the SuperNOFA, provides capital advances and project rental assistance in FY 2003. The Section 811 Program of Supportive Housing for Persons With Disabilities will provide funding to nonprofit organizations (sponsors) for the development and operation of small, scattered-site housing to enable adults with disabilities to live as independently as possible in the community. The capital advance does not need to be repaid as long as the housing is used for its intended purpose for at least 40 years. The project rental assistance funds cover the difference between the HUD-approved operating expenses of the housing and the tenant's contribution towards rent, which is 30 percent of adjusted income. The types of housing that are typically developed through the program are small group homes for no more than six persons, independent living projects containing individual apartment units for no more than 14 persons, and condominium units. Sponsors are required to ensure that residents have access to any necessary supportive services but cannot require the acceptance of such as a condition of occupancy.

(C) *Housing Choice Voucher Funding*

(1) *Funding Methodology.* HUD will select applications for funding that meet all of the application submission requirements in section VI of this NOFA and that score a sufficient number of points under the selection criteria listed in section V of this NOFA. Applications will be ranked from highest to lowest score in descending order, with the highest ranked application selected first for funding, and so forth. Where two or more applicants have exactly the same score under the selection criteria in section V (B) of this NOFA and insufficient funding remains to fund all of them, applicants will be funded in the order of the exact percentage of disabled persons at or below the poverty level that is in each applicant's primary market area. The applicant with the highest percentage will be funded first, etc.

HUD will limit the number of applications selected for funding from any State to 10 percent of the budget authority available for the Mainstream Program. If establishing this geographic limit would result, however, in unreserved budget authority, HUD may modify this limit to assure that all available funds are used.

When remaining budget authority is insufficient to fund the last selected

application in full, the application will be funded to the extent of the funding available, unless the applicant indicates that it will only accept a higher number of units. In that event, the next selected application shall be the one indicating a willingness to accept the lesser amount of funding for the units available.

(2) *Maximum Voucher Request.* There is a limit on the number of vouchers that may be requested. An eligible applicant may apply for a maximum of 50 vouchers. No more than 50 vouchers will be awarded to any applicant under the FY 2003 Mainstream Program.

(3) *Determination of Funding Amount for the Applicant's Requested Number of Vouchers.* HUD will determine the amount of funding that an applicant will be awarded under this announcement based upon an actual annual per unit cost {except for Moving to Work (MTW) agencies in which the per unit cost will be calculated in accordance with the agency's MTW Agreement for MTW units}, using the following two-step process:

(a) HUD will extract the total expenditures for the PHA's housing choice voucher program and the unit months leased information from the most recent approved year-end statement (Form HUD-52681) that the PHA has filed with HUD. HUD will divide the total expenditures for the PHA's housing choice voucher program by the unit months leased to derive an average monthly per unit cost.

(b) HUD will multiply the monthly per unit cost by 12 (months) to obtain an annual per unit cost.

Note: Applicants who do not currently administer a housing choice voucher program shall have their voucher funding based upon the actual annual per unit costs of the PHA in their most immediate area administering a housing choice voucher program, using the two step process described immediately above.

(4) *Preliminary Fee.* A preliminary fee of up to \$500 per unit for start-up expenses will be paid to applicants selected for funding under this announcement who have not previously administered their own housing choice voucher program. The preliminary fee will be provided to such applicants only in their first year of administering housing choice vouchers.

III. Program Description, Eligible Applicants and Eligible Participants

(A) *Program Description.* The Secretary has established a Mainstream Housing Opportunities for Persons with Disabilities Program (Mainstream Program) to provide vouchers to enable persons with disabilities to access

affordable private housing of their choice.

The Mainstream Program will assist PHAs and nonprofit organizations in providing housing choice vouchers to a segment of the population recognized by HUD's housing research as having one of the worst housing needs of any group in the United States, i.e., very low-income households with adults with disabilities. In addition, the Mainstream Program will assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

(B) *Eligible Applicants.* Public housing agencies (PHAs) and nonprofit organizations that provide services to the disabled (as defined in section IV(E) of this announcement) are eligible applicants for the five-year budget authority funding available under this funding announcement. PHAs or nonprofit organizations that fall into any of the categories in section VII(B)(2) of this announcement are ineligible to have an application funded under this announcement. Indian Housing Authorities (IHAs), Indian tribes and their tribally designated housing entities are not eligible to apply for new increments of housing choice voucher funding because the Native American Housing Assistance and Self-Determination Act of 1996 does not allow HUD to enter into new housing choice voucher annual contributions contracts (ACC) with IHAs after September 30, 1997.

(1) *PHAs.*

(a) A PHA may submit only one application under this announcement. This one application per PHA limit applies regardless of whether or not the PHA is a State or regional PHA, except in those instances where such a PHA has more than one PHA code number due to its operating under the jurisdiction of more than one HUD Field Office. In such an instance, a separate application under each code shall be considered for funding, with the cumulative total of vouchers applied for under the applications not to exceed the maximum of 50 vouchers the PHA is eligible to apply for under Section II (C)(2) of this announcement, i.e., no more than the number of vouchers the same PHA would be eligible to apply for if it only had one PHA code number.

(b) PHAs are encouraged to involve nonprofit organizations that provide services to disabled families, as defined in Section III(B)(2) of this announcement, in the administration of the Mainstream Program's vouchers. In the past, such organizations have frequently demonstrated a capacity to assist disabled families, as well as have

an in-depth knowledge of the disability community.

(i) A nonprofit organization could function as either a contract administrator for the PHA's Mainstream vouchers, or as a subcontractor responsible for providing case management services or assisting disabled families to locate suitable housing, gain access to supportive services, or identify private funding sources to cover the costs of unit modifications needed as a reasonable accommodation.

(ii) Such contractual arrangements must, however, ensure equal opportunity among the wide variety of disabled populations in the PHA's service area.

(c) In some cases an applicant currently administering the housing choice voucher program has, at the time of publication of this SuperNOFA, been designated by HUD as troubled under the Section 8 Management Assessment Program (SEMAP), has major program management findings from Inspector General audits that are unresolved, or has other significant program compliance problems. HUD will not accept an application from such an applicant as a contract administrator if, on the application due date, the troubled designation under SEMAP has not been removed by HUD, and the findings or other significant program compliance problems are not resolved. If the applicant wants to apply for funding under this announcement, it must submit an application that designates another contractor that is acceptable to HUD. The application must include an agreement by the other contractor to administer the new funding increment on behalf of the applicant, and (in the instance of an applicant with unresolved major program management findings or other significant program compliance problems) a statement that outlines the steps the applicant is taking to resolve the program findings or compliance problems.

Immediately after the publication of this SuperNOFA, the Office of Public Housing in the local HUD Field Office will notify, in writing, those PHAs and nonprofit organizations that have been designated by HUD as troubled under SEMAP, and those PHAs and nonprofit organizations with unresolved major program management findings or other significant program compliance problems that are not eligible to apply without such an agreement. Concurrently, the local HUD Field Office will provide a copy of each such written notification to the Director of the Grants Management Center. The

applicant may appeal the decision, in writing, if HUD has mistakenly classified the applicant as having unresolved major program findings or other significant program compliance problems. The applicant may not appeal its designation as troubled under SEMAP. Any appeal with respect to unresolved major program management findings or other significant program compliance problems must be accompanied by conclusive evidence of HUD's error (i.e., documentation showing that the finding has been cleared or the program compliance problem has been resolved) and must be received prior to the application deadline. The appeal should be submitted to the local HUD Field Office where a final determination shall be made. Concurrently, the local HUD Field Office shall provide the Grants Management Center with a copy of the applicant's written appeal and the Field Office's written response to the appeal. Copies of all letters of ineligibility and matters that relate to PHA appeals referenced in this paragraph must be submitted to the GMC by the Field Office so as to be received by the GMC no later than 10 days after the application deadline date. Major program management findings, or significant program compliance problems, are those that would cast doubt on the capacity of the applicant to effectively administer any new housing choice voucher funding in accordance with applicable HUD regulatory and statutory requirements. (Note: If any additional PHAs or nonprofit disability organizations fall into the above category prior to HUD's announcement of awards under this NOFA, but subsequent to the local HUD Field Office's notification of the GMC addressed above, the Field Office shall immediately notify the GMC of the applicant's name and the category into which the applicant falls, i.e., designated as troubled under SEMAP, major unresolved OIG management findings, or other significant program compliance problems. As indicated in Section VII(B)(2) of this NOFA, an applicant must be eligible for funding at the time of the application due date, as well as at such subsequent time of HUD's selection of awardees. No PHA appeals, based upon Field Office letters of ineligibility issued after the application deadline date, shall be considered for purposes of eligibility for funding under this funding announcement.)

(2) *Nonprofit Organization.* A nonprofit organization may submit only one application under this

announcement. For purposes of the Mainstream Program, a nonprofit organization shall be defined as an organization, no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual, that provides services to persons with disabilities and has received a federal tax-exempt designation, under section 501(c)(3) of the Internal Revenue Code, from the U.S. Internal Revenue Service.

(a) The nonprofit entity must:

(i) Have a voluntary board;

(ii) Be authorized by its charter or State law to enter into a contract with the Federal Government to provide housing assistance to persons with disabilities;

(iii) Have a functioning accounting system that is operated in accordance with generally accepted accounting principles, or designate an entity that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles;

(iv) Practice nondiscrimination in the provision of assistance; and

(v) Provide services to the disabled as part of its ongoing activities and responsibilities.

(b) A nonprofit organization meeting the definition of a nonprofit organization as defined in this section III(B)(2), and wishing to apply for the funding available under this announcement, must have the capacity to:

(i) Comply with the Section 8 Management Assessment Program (SEMAP) certification requirements under 24 CFR part 985.

(ii) Carry out such housing choice voucher and SEMAP-specific related activities as making determinations as to rent reasonableness, performing housing quality standards (HQS) inspections and enforcement, conducting annual reexaminations of participant families, as well as otherwise meeting housing choice voucher program requirements under 24 CFR part 982.

(iii) Manage the Mainstream Program vouchers in a manner equivalent to an overall performance rating under SEMAP (24 CFR part 985) of at least "standard" during the first fiscal year of its receiving Mainstream Program funding under this funding announcement.

(iv) Administer rental housing programs or manage rental housing, as demonstrated by a specific list of rental housing programs the nonprofit organization has administered or the rental housing the organization has managed (e.g., private rental housing,

HUD or State-related housing programs, etc.).

Nonprofit organizations are encouraged to seek out PHAs in their geographic area to develop cooperative contractual relationships under the Mainstream Program, and to enhance services to disabled families. In addition to contacting local PHAs, nonprofit organizations may also wish to contact regional (multi-county), or statewide PHAs who may be applying for Mainstream Program funding.

(C) *Eligible Participants.* Only a disabled family that is income eligible under 24 CFR 982.201(b)(1), as well as otherwise eligible under the regulations at 24 CFR 982.201, may receive a voucher awarded under the Mainstream Program. Applicants with disabilities must be selected from the PHA's or nonprofit organization's housing choice voucher waiting list. Additional information on those families and individuals eligible to receive a voucher is located at the following HUD Web site: <http://www.hud.gov/offices/pih/programs/hcv>.

IV. Program Requirements and Definitions

(A) *Civil Rights and Fair Housing.* To be eligible to receive funding under this funding announcement, the applicant must meet all the civil rights and fair housing requirements detailed in Sections V (B)(2), (C) and (D) of the General Section of the SuperNOFA.

(B) *Certifications and Assurances.* Each applicant is required to submit signed copies of Assurances and Certifications. The standard Assurances and Certifications are on Form HUD-52515, Funding Application, which includes the Equal Opportunity Certification, Certification Regarding Lobbying, and Certification Regarding Drug-Free Workplace Requirements.

(C) Voucher Assistance Requirements

(1) *Housing Choice Voucher Program Regulations.* Applicants must administer the Mainstream Program in accordance with HUD regulations and requirements governing the Housing Choice Voucher Program. The only exception to this requirement shall be for nonprofit organizations which shall not be required to comply with the requirements of 24 CFR part 903, subpart B concerning the requirement for a PHA Plan.

(2) *Housing Choice Voucher Program Admission Requirements.* Housing choice voucher assistance must be provided to eligible disabled families in conformity with regulations and requirements governing the Housing

Choice Voucher Program and the PHA's administrative plan.

(3) *Turnover.* When a voucher under this announcement becomes available for reissue (e.g., the family initially selected for the program drops out of the program or is unsuccessful in the search for a unit), the voucher may be used only for another family eligible for assistance under this announcement for five years for the five-year funding from the date the rental assistance is placed under an annual contributions contract (ACC). In addition, any renewal by HUD of the five-year voucher funding (where the source of the renewal funding is Section 811 derived) shall require the continued reissuance of the vouchers to disabled families.

If there is ever an insufficient pool of disabled families on the PHA's or nonprofit organization's housing choice voucher waiting list, the PHA or nonprofit organization shall conduct outreach to encourage eligible persons to apply for this special allocation of vouchers. Outreach may include contacting independent living centers, advocacy organizations for persons with disabilities, and medical, mental health, and social service providers for referrals of persons receiving such services who would benefit from housing choice voucher assistance. If the PHA's or nonprofit organization's housing choice voucher waiting list is closed, and if the PHA or nonprofit organization has insufficient applicants on its housing choice voucher waiting list to use all awarded vouchers under this announcement, the PHA or nonprofit disability organization should open the waiting list for applications from disabled families. PHAs and nonprofit organizations must take care to keep track of the number of disabled vouchers they have been awarded under this funding announcement versus the number of such vouchers that have actually been issued to disabled families.

(D) *PHA and Nonprofit Organization Responsibilities.* In addition to the responsibilities under the Housing Choice Voucher Program and HUD regulations concerning nondiscrimination based on disability (24 CFR 8.28) and to affirmatively further fair housing, PHAs and nonprofit organizations that receive voucher funding shall:

(1) Where requested by an individual, assist program participants to gain access to supportive services available within the community, but not require eligible applicants or participants to accept supportive services as a condition of participation or continued occupancy in the program.

(2) Identify public and private funding sources to assist participants in covering the costs of modifications that need to be made to their units as a reasonable accommodation for their disabilities.

(3) Not deny persons who qualify for rental assistance under this program other housing opportunities, or otherwise restrict access to PHA or nonprofit organization programs to eligible applicants who choose not to participate.

(4) Provide housing choice voucher search assistance.

(5) In accordance with regulatory guidance, provide higher rents to owners necessary for the provision of accessible units and structural modifications for persons with disabilities.

(6) Provide technical assistance to owners for making reasonable accommodations or making units accessible to persons with disabilities.

(E) *Definitions.* The following definitions apply to the approximately \$53.6 million in five-year budget authority available under this funding announcement.

(1) *Disabled Family.* Disabled family means a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

(2) *Person with disabilities.*

(a) Means a person who:

(i) Has a disability as defined in 42 U.S.C. 423;

(ii) Is determined, pursuant to HUD regulations, to have a physical, mental or emotional impairment that:

(A) Is expected to be of long-continued and indefinite duration;

(B) Substantially impedes his or her ability to live independently; and

(C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions;

(iii) Has a developmental disability as defined in 42 U.S.C. 6001;

(b) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;

(c) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.

(3) *Housing choice voucher search assistance.* Assistance to increase access by program participants to housing units in a variety of neighborhoods (including areas with low poverty

concentrations) and to locate and obtain units suited to their needs.

(F) *Homeownership and Family Self-Sufficiency (FSS)*. Applicants are encouraged to establish or expand upon an existing housing choice voucher homeownership program, as well as complete the closing process on homeownership units. Applicants are also encouraged to fill slots under a mandatory FSS program and to establish a voluntary FSS program and fill slots thereunder where a mandatory FSS program is not required.

(G) *Increasing the Participation of Faith-Based and Community-Based Organizations in HUD Program Implementation*. HUD believes that grassroots organizations, e.g., faith communities, civic organizations, and other community-based organizations, have not been effectively utilized. These grassroots organizations have a strong history of providing vital community services such as assisting the homeless and preventing homelessness; counseling individuals and families on fair housing rights; providing elderly housing opportunities; developing first time homeownership programs; increasing homeownership and rental housing opportunities; developing affordable and accessible housing in neighborhoods across the country; and creating economic development programs. The goal of this policy priority is to make HUD's housing choice voucher program more effective, efficient, and accessible by expanding opportunities for faith-based and other community-based organizations to participate in developing solutions for their own neighborhoods. Applicants are encouraged to coordinate with and otherwise involve faith-based and other community-based organizations in those activities under the housing choice voucher program where their services, expertise and knowledge may be most effective.

(H) *Conducting Business in Accordance With Core Values and Ethical Standards*. To reflect core values, all PHAs shall develop and maintain a written code of conduct in the PHA administrative plan that (1) requires compliance with the conflict of interest requirements of the Housing Choice Voucher Program at 24 CFR 982.161, and (2) prohibits the solicitation or acceptance of gifts or gratuities, in excess of a nominal value, by any officer or employee of the PHA, or any contractor, subcontractor or agent of the PHA. The PHA's administrative plan shall state PHA policies concerning PHA administrative and disciplinary remedies for violation of the PHA code of conduct. The PHA shall inform all

officers, employees and agents of its organization of the PHA's code of conduct.

(I) *Pre-Award Accounting System Surveys*. See Section V (B)(5) of the General Section of the SuperNOFA regarding those applicants that may be subject to HUD's arranging for a pre-award survey of an applicant's financial management system.

V. Application Selection Process

(A) *Rating and Ranking*. After the Grants Management Center has screened and disapproved any applications found unacceptable for further processing, the Grants Management Center will review all acceptable applications to ensure that they are technically adequate and responsive to the requirements of this announcement. HUD Headquarters will fund all applications from PHAs and nonprofit organizations that are recommended for funding by the Grants Management Center unless HUD receives approvable applications for more funds than are available. HUD will select applicants to be funded based upon the methodology indicated in Section II (C)(1) of this NOFA. Applications meeting all the application submission requirements of Section VI of this NOFA will be rated and ranked on the basis of their score under the selection criteria in Section V (B) of this NOFA. The maximum score under the selection criteria is 100 points.

(B) Selection Criteria

(1) Selection Criterion 1, Disabled Persons at or Below the Poverty Level. (40 points)

(a) *Description*: This criterion assesses the number of disabled persons at or below the poverty level in the primary market area served by the applicant, as a percentage of such disabled persons on a national basis using 2000 census data. The primary market area is defined as the geographic area in which the applicant is legally authorized to operate and where the vouchers will be issued. (See section VI (I) of this NOFA regarding the description of the primary market area required to be included in each PHA's/nonprofit organization's application.) A table listing all the cities and counties with a population of 10,000 or more persons within the nation (States and territories) will be listed with this funding announcement at the following HUD Web site: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. Also indicated on the table will be the number of disabled persons/percentage of such disabled persons at or below the poverty level within each city or county, as a

percentage of the number of disabled persons at or below the poverty level within the nation. An applicant (and the GMC during the review of applications) will use the table to determine the percentage of disabled persons at or below the poverty level that is in the applicant's primary market area. The percentage will determine the number of points that the applicant is eligible for under Selection Criterion 1.

(b) *Rating and Assessment*: Points will be assigned based upon the number of disabled persons at or below the poverty level in the applicant's primary market area, as a percentage of such persons within the nation. For each tenth of one percent (.001) within the applicant's primary market area the applicant will receive 5 points. Percentages of .0015, .0025, etc. or higher but less than the next whole tenth of one percent, i.e., .002, .003, etc. shall be rounded to the next whole tenth of a percentage point. An applicant having a primary market area with a population of 10,000 or fewer for which disability percentages are not listed on the table will receive 5 points under Selection Criterion 1. Likewise, an applicant having a primary market area comprised of more than one community with a population of 10,000 or fewer shall receive a total of 5 points for all such communities combined. A maximum of 40 points is available under Selection Criterion 1 regardless of how high a percentage of disabled persons at or below the poverty level is located within the applicant's primary market area.

(2) Selection Criterion 2, Lease-Up and Budget Authority Utilization. (25 points)

(a) *Description*: This criterion focuses on a PHA's and nonprofit organization's success in leasing its housing choice vouchers, and using the budget authority associated with its vouchers. While a PHA or nonprofit organization must have either a lease-up or budget authority utilization rate of at least 97 percent under section VII (B)(2)(c) of this NOFA in order to have an acceptable application, Selection Criterion 2 provides for the award of selection points to those PHAs having a voucher lease-up rate or a budget authority utilization rate of 99 percent or higher. The lease-up and budget authority utilization percentages for a PHA's or nonprofit organization's voucher program will be calculated by HUD based upon the methodology indicated in Appendix A of this NOFA, and shall cover fiscal years ending December 31, 2001; March 31, 2002; June 30, 2002; and September 30, 2002.

Lease-up or budget authority utilization rates of a half or more of one percentage point will be rounded to the next highest percentage point for purposes of qualifying for the points available under Selection Criterion 2 (for example, 98.5 percent will be rounded up to 99 percent). PHAs or nonprofit organizations that meet either the 97 percent lease-up or budget authority utilization threshold requirement in section VII(B)(2)(c) of this NOFA, or that have a 99 percent or higher lease-up or budget authority utilization rate and qualify for the points available under Selection Criterion 2 will be listed with this funding announcement at the following HUD Web site: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. A PHA or nonprofit organization not listed may submit information with its application, following the methodology of Appendix B and using the format of Appendix C which includes a completed example and the blank form format to be filled out and submitted with the PHA's or nonprofit organization's application, for its fiscal year December 31, 2001; March 31, 2002; June 30, 2002; September 30, 2002 or subsequent fiscal year not yet processed by HUD but certified by the applicant.

See Section VI (G) of this NOFA regarding the certification requirement applicable to MTW PHAs in connection with qualifying for the points available under Selection Criterion 2.

(b) *Rating and Assessment*: The GMC will assign point values as follows:

- *25 points*: The PHA or nonprofit organization has a lease-up or budget authority utilization rate for its voucher program of 99 percent.

Note: PHAs or nonprofit organizations without a voucher program or whose total voucher program is excluded (annual budget authority associated with new funding increments obligated during the applicant's last fiscal year and annual budget authority for litigation) from the lease-up/budget authority utilization calculation as per the methodology in Appendix A of this funding announcement may also be eligible to receive 25 points under Selection Criterion 2. In order to get the 25 points, the PHA or nonprofit organization will be required to submit a certification statement with its application certifying that it will lease all vouchers it is awarded under this NOFA within 180 days of the award of funding.

(3) Selection Criterion 3, Area-Wide Housing Opportunities (15 Points)

(a) *Description*: This criterion addresses the voluntary efforts that an applicant may take to provide area-wide housing opportunities for families. The efforts described in response to this criterion must be beyond those required

by federal law or regulation such as the portability provisions of the Housing Choice Voucher Program. Applicants should take note that the difference between being eligible for 15 points versus 10 points under this selection criterion requires undertaking efforts to end chronic homelessness on the part of disabled families.

(b) *Rating and Assessment*: The GMC will assign point values as follows:

- *15 points*: The applicant provides information indicating that it will provide housing counseling for disabled families that want to move to low-poverty or non-minority areas, or the applicant has established a contractual relationship with a PHA, nonprofit agency or local governmental entity to provide housing counseling for disabled families that want to move to low-poverty or non-minority areas. In addition, the applicant must target not less than 10 percent of the vouchers awarded under this funding announcement to assisting those disabled families that are chronically homeless as defined in section II (H) of the General Section of the SuperNOFA, and as part of the counseling provided to such families undertake two or more of the activities listed in that section. (The five PHAs approved for the FY 1993 Moving to Opportunity (MTO) for Fair Housing Demonstration, the 11 PHAs approved under the Housing Search Assistance Program (HSAP), and any other PHAs that receive housing counseling funds from HUD (e.g., in settlement of litigation involving the desegregation or demolition of public housing, regional opportunity counseling, or mixed population projects) may qualify for points under this assessment, but these PHAs must identify all activities to be undertaken, other than those funded by HUD, to expand housing opportunities.)

- *10 points*: The applicant provides information indicating that it will provide housing counseling for disabled families that want to move to low-poverty or non-minority areas, or the applicant has established a contractual relationship with a PHA, nonprofit agency or local governmental entity to provide housing counseling for disabled families that want to move to low-poverty or non-minority areas. (The five PHAs approved for the FY 1993 Moving to Opportunity (MTO) for Fair Housing Demonstration, the 11 PHAs approved under the Housing Search Assistance Program (HSAP), and any other PHAs that receive housing counseling funds from HUD (e.g., in settlement of litigation involving the desegregation or demolition of public housing, regional

opportunity counseling, or mixed population projects) may qualify for points under this assessment, but these PHAs must identify all activities to be undertaken, other than those funded by HUD, to expand housing opportunities.)

- *5 points*: The applicant provides information indicating that it has implemented other initiatives that have resulted, and will continue to result, in expanding housing opportunities for disabled families in areas that do not have undue concentrations of poverty or minority families.

(4) Selection Criterion 4, Commitments From Outside Agencies (10 Points)

(a) *Description*: The applicant documents that it has entered into agreements with one or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

(b) *Rating and Assessment*: The GMC will assign points as follows:

- *10 points*: The applicant provides copies of the agreements that it has entered into with three or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care. The applicant must also provide information indicating it has taken one or more of the activities to promote the participation of grass-roots and other community-based organizations indicated in Section II (6) of the General Section of the SuperNOFA, as relates to the aforementioned agreements. The applicant's provision of the former, but not the latter information, shall result in the application receiving no more than 8 points under this Selection Criterion 4, as indicated below.

- *8 points*: The applicant provides copies of the agreements that it has entered into with three or more organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

- *5 points*: The applicant provides copies of the agreements it has entered into with two organizations to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

- *3 points*: The applicant provides copies of the agreements it has entered into with one organization to assist disabled families with moving costs, security deposits, utility hook-up fees, utility deposits, medical care, transportation, educational opportunities, employment and child care.

(5) Selection Criterion 5, Achieving Results and Program Evaluation (10 Points)

(a) *Description*: This criterion emphasizes HUD's determination to ensure that applicants meet commitments made in their applications and assess their performance in meeting performance goals. HUD requires Mainstream Program applicants to develop an effective, quantifiable, outcome oriented *monitoring and evaluation plan* for measuring performance and determining that *goals* have been met. The plan must include *interim products or activities* that lead to the ultimate achievement of the applicant's goals. *Performance indicators* must also be developed by the applicant to measure performance. Performance indicators must be objectively quantifiable and measure actual achievements against planned achievements. The applicant's evaluation and monitoring plan must identify what it is going to measure, how it will be measured, and the steps that will be taken to make adjustments to the plan if performance targets are not met within established deadlines.

An example of a goal is that the applicant will have 100 percent of the Mainstream vouchers under lease by disabled families within 180 days of the effective date of the Annual Contributions Contract (ACC) for the funding increment. Examples of interim activities to achieve such a goal might include assisting disabled families with transportation to rental properties, efforts to identify and provide lists of accessible units, approval of exception payment standards, or use of special housing types. An example of related performance indicators might include assisting disabled families with transportation needs within 24 hours of a disabled family's request to visit a potential rental unit, and that 50 percent of all the Mainstream vouchers are to be under lease within 90 days of the ultimate goal of having all vouchers under lease within 180 days.

Examples of other areas in which applicants may wish to consider establishing goals are with respect to Selection Criterion 3, Selection Criterion 4, any one or more of the areas to be addressed in the applicant's

Mainstream Program Operating Plan (see Section IV (D) of this NOFA), etc.

(b) *Rating and Assessment*: The GMC will assign points as follows:

- *10 points*: The applicant submits a monitoring and evaluation plan meeting the descriptive requirements outlined immediately above.

VI. Application Submission Requirements

Applicants are requested to *read this section very carefully, as it addresses the specific information that must be in the applications submitted to HUD* under this NOFA. Applications failing to provide this information will be determined either ineligible for processing, or in the instance of an application having a curable (correctable) technical deficiency (see the General Section of the SuperNOFA), the applicant will be requested to submit additional information.

Those application submission items identified below in this Section VI as "not curable" shall mean that any item, e.g., Mainstream Program Operating Plan, for which the applicant does not provide all the requested information shall result in the application being determined ineligible for processing. The turnaround times established by HUD in the instance of curable technical deficiencies are relatively brief, so the initial submission of a carefully prepared and complete application is extremely important. Applicants should also *carefully review sections VII (B)(2)(b) and (c)* of this funding announcement to determine if their SEMAP designation, OIG status, existence of significant program compliance problems, or voucher lease-up/budget authority utilization rate will require the submission of additional information with their application.

(A) *Form HUD-52515*. All applicants must complete and submit Form HUD-52515, Funding Application, for the Housing Choice Voucher Program. This form includes all necessary certifications for Fair Housing, Drug Free Workplace, and Lobbying Activities. Applicants are *required to enter their housing authority code number (for example, CT002), telephone number, facsimile number and electronic mail address in the same space at the top of the form where they also are to enter the applicant's name and mailing address*. Section C of the form should be left blank. The form must be completed in its entirety, with the exception of Section C, signed and dated. A copy of Form HUD-52515 is included in the forms found in Appendix B to the General Section of the SuperNOFA. Copies of the form may

also be downloaded from the following HUD Web site: <http://www.hud.gov>. (On the HUD web site click on "handbooks and forms," then click on "forms," then click on "HUD-5" and click on "HUD-52515." In addition, the Form HUD-52515 will also be posted with the Mainstream funding announcement at the following HUD Web site: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.

In the instance of a nonprofit organization that does not currently manage a housing choice voucher program, the nonprofit organization shall fill in Section B, Proposed Assisted Dwelling Units, on the form by either using numbers based on information requested from the nearest public housing agency, based upon its housing choice voucher waiting list, or based upon information from local advocacy groups and local public and private service agencies familiar with the needs of elderly and non-elderly persons with disabilities, census data, and pertinent information from the Consolidated Plan applicable to the applicant's jurisdiction. Section C, Average Monthly Adjusted Income, should be left blank. Section F, New HA Information, requires information on Financial and Administrative Capability and Qualification as a HA. For Financial and Administrative Capability, a nonprofit organization may reference that part of its application addressing the requirements of Section VI (E) of this announcement. For Qualification as an HA, the nonprofit organization must submit information validating its qualifications as a nonprofit organization as defined in section III (B)(2) of this announcement. The submission of enabling legislation is not required to accomplish this purpose, but a legal opinion supportive of the applicant's status as a nonprofit organization, as defined in the first sentence of section III (B)(2)(a) of this announcement is required.

The Form HUD-52515 must be signed and dated by the applicant. The signature and date shall signify that the information provided on the form is complete and accurate, and that all other information provided by the applicant in its application (including any certifications) are complete and accurate.

(B) *Letter of Intent and Narrative*. The applicant must state in its cover letter to the application whether it is a PHA applying for five-year funding, or a nonprofit organization applying for five-year funding. The applicant also must indicate the number of vouchers being requested, whether it will accept a reduction in the number of vouchers,

and the minimum number of vouchers the applicant will accept, since the funding is limited and HUD may only have enough funds to approve an amount smaller than the number of vouchers requested. The maximum number of vouchers that an applicant may apply for under this announcement is limited to 50.

The letter of intent and narrative should also include information addressing how the applicant meets the selection criteria in section V (B) of this NOFA. Failure of the applicant to provide information in connection with selection criteria 1 and 2 shall result in the GMC scoring the applicant solely on the basis of information HUD already has on-hand. *Failure of the applicant to provide the information called for under selection criteria 3, 4 and 5 shall be considered not curable, but shall not make the application ineligible for processing. Failure to provide the information shall simply mean that the applicant is ineligible for the points under the categories for which it failed to provide the information requested in this funding announcement.*

PHAs and nonprofit organizations that do not currently administer a housing choice voucher program must identify the nearest PHA (including the full name, address, and telephone no.) that does administer a housing choice voucher program. This information will be necessary for HUD to calculate annual per unit costs for voucher funding awarded under this funding announcement for such PHAs and nonprofit organizations (see section II (C)(3) of this funding announcement).

(C) *Description of Need for Mainstream Program Vouchers.* The PHA's and nonprofit organization's application must demonstrate a need for Mainstream Program vouchers by providing information documenting that the demand for housing for non-elderly and elderly persons with disabilities in connection with a request for five-year funding under this announcement would equal or exceed the requested number of vouchers. The applicant must assess and document the housing need for elderly and non-elderly persons with disabilities using a range of sources including, but not limited to: census data, information from the applicant's waiting list (both public housing and housing choice voucher), statistics on recent public housing admissions and housing choice voucher use, data from local advocacy groups and local public and private service agencies familiar with the housing needs of elderly and non-elderly persons with disabilities, and pertinent information from the Consolidated Plan [including the

Analysis of Impediments to Fair Housing Choice (AI)] applicable to the applicant's jurisdiction. {See 24 CFR 91.205(d).}

Failure of the applicant to provide the information required under this section (C) shall be determined not curable and the application deemed ineligible for processing.

(D) *Mainstream Program Operating Plan.* The application must include a description of an adequate plan for operating a program to serve eligible disabled families, including:

(1) A description of how the applicant will carry out its responsibilities under 24 CFR 8.28 to assist recipients in locating units with needed accessibility features; and

(2) A description of how the applicant will identify private or public funding sources to help participants cover the costs of modifications that need to be made to their units as reasonable accommodations to their disabilities.

(3) A description of how the applicant will use a nonprofit organization or PHA (if any) under a contract to administer the Mainstream Program vouchers, or to otherwise provide services.

Failure of the applicant to provide the information required under this section (D) shall be determined not curable and the application deemed ineligible for processing.

(E) *Certification Applicable to Nonprofit Organizations.* A nonprofit organization applying for funding available under this announcement must provide a certification stating that the applicant can meet the capacity requirements applicable to a nonprofit organization delineated in section III (B)(2)(b) of this announcement. The certification must specifically list the four capacity requirements from that paragraph, and must specifically list the rental housing programs the nonprofit organization has administered or the rental housing the nonprofit organization has managed.

Failure of the applicant to provide the information required under this section (E) shall be determined not curable and the application deemed ineligible for processing.

(F) *Statement Regarding the Steps the PHA and Nonprofit Organization Will Take to Affirmatively Further Fair Housing.* The statement must include specific steps to address the categories outlined in sections V (D)(1), (2) and (3) in the General Section of the HUD SuperNOFA.

(G) *Moving to Work (MTW) PHA Certification.* MTW agencies required to report under SEMAP, as well as those MTW agencies not required to report

under SEMAP, shall be required to meet the 97 percent lease-up and budget authority utilization requirement addressed in Section VII (B)(2)(c) of this funding announcement. MTW agencies must submit a certification with their application certifying as to their voucher lease-up and budget authority utilization percentages. Submission of Appendix B information by MTW PHAs is not required.

Failure of the applicant to provide the certification required under this section (G) shall be determined not curable and the application deemed ineligible for processing.

(H) *Form HUD-2993.* All applicants must complete and submit Form HUD-2993, Acknowledgement of Application Receipt. In addition to the applicant's entering its name and address on the form, the full title of the program under which the applicant is seeking funding must also be entered. This form is located in the General Section of the SuperNOFA and is also available at the following HUD Web site: <http://www.hud.gov>. On this web site click on "handbooks and forms."

(I) *Identification of Primary Market Area.* Each applicant must specify in the application its primary market area, *i.e.*, the geographic area in which it is legally authorized to operate and where the vouchers will be issued. This information may be different from that entered by such an applicant on the Form HUD-52515, as the form calls for the applicant to identify its "legal area of operation" which may be far more geographically expansive than the specific city, county, or area within a State where a PHA (particularly a regional or State PHA), or nonprofit organization intends to issue the vouchers. This information is critical because, as indicated in section V (B)(1)(a) of this funding announcement, the geographic area in which the vouchers are intended to be issued and in which the applicant is legally authorized to operate a Housing Choice Voucher Program will be used by the applicant (and subsequently by the GMC during the review of applications) to determine the percentage of the nation's housing needs for disabled persons at or below the poverty level that are within the applicant's primary market area. For example, although an applicant may be legally authorized to operate throughout the entire county in which it is located, if the vouchers will be issued only in two cities within that county then the primary market area is those two cities and not the entire county. Conversely, if the applicant is planning to issue vouchers to all cities within a county, then the applicant

must list the county only and not list the individual cities within that county (the county is the sum of all housing needs for cities within a county). If, in addition to the county, there are individual cities outside the county where the applicant also will be issuing vouchers, the PHA then also must list these cities. A State PHA or nonprofit organization legally authorized to operate throughout the entire State, but which intends to issue the fair share vouchers in only one county, must list solely that county as its primary market area. In addition, the primary market area shall not include a geographic area in which the applicant is issuing vouchers, outside its normal, legally authorized area of operation, based upon an agreement with another agency/PHA to issue vouchers in the other agency's/PHA's jurisdiction.

VII. Corrections to Deficient Applications

(A) *Acceptable Applications.* The application must include all of the information specified in Section VI, Application Submission Requirements, of this announcement. The General Section of the SuperNOFA provides the procedures for corrections to deficient applications. {Note: The submission by applicants of clarifications or corrections of technical deficiencies under this funding announcement must be provided to HUD within 7 calendar days (not the 14 calendar days indicated in the General Section of the SuperNOFA) of receipt of the HUD notification.}

(B) *Unacceptable Applications.* (1) After the 7-calendar day technical deficiency correction period, the Grants Management Center will disapprove all applications from PHAs and nonprofit organizations that the Grants Management Center determines are not acceptable for processing. The Grants Management Center's notification of rejection letter must state the basis for the decision. The applicant may request an applicant debriefing. Beginning not less than 30 days after the awards for assistance are announced in the **Federal Register**, and for not longer than 120 days, HUD will, upon receiving a written request from the applicant, provide a debriefing to the requesting applicant. (See the General Section of the SuperNOFA for additional information regarding a debriefing.) Applicants requesting to be debriefed must send a written request to Michael Diggs, Director, Grants Management Center, Department of Housing and Urban Development, 501 School Street, SW., Suite 800, Washington, DC 20024.

(2) Applications from PHAs or nonprofit organizations that fall into any of the following categories will not be processed:

(a) PHAs or nonprofit organizations that do not meet the fair housing and civil rights compliance threshold requirements of sections V(B)(2), (C) and (D) of the General Section of the SuperNOFA.

(b) The applicant is designated as troubled by HUD under SEMAP, or has major program management findings in an Inspector General audit for its voucher program that are unresolved, or has other significant program compliance problems that are not resolved. Major program management findings, or significant program compliance problems, are those that would cast doubt on the capacity of the applicant to effectively administer any new housing choice voucher funding in accordance with applicable HUD regulatory and statutory requirements. The only exception to this category is if the applicant has been identified under the policy established in section III (B)(1)(c) of this announcement and the applicant makes application with a designated contract administrator.

(c) The PHA or nonprofit organization has failed to achieve a lease-up or budget authority utilization rate of 97 percent for its voucher units under contract for its fiscal year ending on either December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002. Applicants that have been determined by HUD to have passed either the 97 percent lease-up, or 97 percent budget authority utilization requirement for their fiscal year ending on December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002, will be listed with the Mainstream funding announcement at the following HUD Web site: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. An applicant not listed may submit monthly lease-up and budget authority utilization information (following the methodology of Appendix A of this announcement and using the format in Appendix B, which also includes a blank version of the format) as part of its application supportive of its contention that it should have been included among those potential applicants HUD listed on the HUD Web site as having achieved either a 97 percent lease-up rate or 97 percent budget authority utilization rate for fiscal years ending on December 31, 2001; March 31, 2002; June 30, 2002; September 30, 2002; or subsequent full fiscal year not yet processed by HUD but certified by the applicant. Applicants not listed on the aforementioned HUD

Web site must submit utilization information using the blank form in Appendix B, as the application will otherwise be determined ineligible for funding under this announcement.

Note: The lease-up and budget authority utilization requirement shall not apply to applicants not currently administering a voucher program, or to new units associated with funding increments obligated during the applicant's last fiscal year and units obligated for litigation. In addition, lease-up or budget authority utilization rates of 96.5 percent but less than 97 percent shall be rounded up to 97 percent.)

See section VI (G) of this funding announcement which addresses the certification to be submitted by MTW agencies in connection with the 97 percent lease-up and budget authority utilization requirements referenced above.

(d) The PHA or nonprofit organization is involved in litigation and HUD determines that the litigation may seriously impede the ability of the applicant to administer the vouchers.

(e) An application that does not comply with the requirements of 24 CFR 982.103 and this program section after the expiration of the 7-calendar day technical deficiency correction period will be rejected from processing.

(f) The application was submitted after the application due date.

(g) The application was not submitted to the official place of receipt as indicated in the paragraph entitled "Address for Submitting Applications" at the beginning of this announcement.

(h) The applicant has been debarred or otherwise disqualified from providing assistance under the program.

(i) The PHA did not have its PHA plans approved by HUD for the FY 2001 plan cycle on the application due date for this funding announcement. (This category of ineligibility does not apply to nonprofit organizations whose housing choice voucher program is based solely upon previously approved housing choice vouchers under the Mainstream Program.)

VIII. Environmental Requirements

In accordance with 24 CFR 50.19(b)(11) and 58.35(b)(1) of the HUD regulations, tenant-based rental activities under this program are categorically excluded from the requirements of the National Environmental Policy Act of 1969 (NEPA) and are not subject to environmental review under the related laws and authorities. Activities under the homeownership option of this program are categorically excluded from NEPA requirements and excluded from other environmental requirements

under 24 CFR 58.5 in accordance with 24 CFR 58.35(b)(5), but PHAs and nonprofit organizations are responsible for the environmental requirements in 24 CFR 982.626(c).

IX. Authority

Authority for this program is found in the Consolidated Appropriations

Resolution, FY 2003 (Pub. L. 108-7, approved February 20, 2003).

APPENDIX A**METHODOLOGY FOR DETERMINING LEASE-UP AND BUDGET AUTHORITY UTILIZATION PERCENTAGE RATES**

Using data from the HUDCAPS system, HUD determined which PHAs and nonprofit organizations met the 97% budget authority utilization or 97% lease-up requirement addressed in section VII (B)(2)(c) of this NOFA. The data used in the determination were based on PHA and nonprofit organization fiscal years ending December 31, 2001; March 31, 2002; June 30, 2002; and September 30, 2002. The budget authority utilization and lease-up rates were determined based upon the methodology indicated below

Budget Authority Utilization

Percentage of budget authority utilization was determined by comparing the total contributions required to the annual budget authority (ABA) available for the PHA or nonprofit organization fiscal year ending December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002, for the PHA's or nonprofit organization's voucher program. Annual budget authority associated with new funding increments obligated during the last PHA or nonprofit organization fiscal year and annual budget authority for litigation were excluded.

Total contributions required were determined based on the combined actual costs approved by HUD on the form HUD-52681, Year End Settlement Statement. The components that make up the total contributions required are the total of housing assistance payments, ongoing administrative fees earned, hard to house fees earned, and IPA audit costs. From this total any interest earned on administrative fees is subtracted. The net amount is the total contributions required.

ABA is the prorated portion applicable to the PHA/nonprofit organization year for each funding increment that had an active contract term during all or a portion of the PHA/nonprofit organization year. ABA is adjusted for new funding increments obligated during the last PHA/nonprofit organization fiscal year and for litigation funding increments.

EXAMPLE:

PHA ABC

Fiscal year 10/1/01 through 9/30/02.

HUD 52681 Approved Data:	
HAP	\$2,150,000
Administrative Fee	\$ 215,000
Hard to House Fee	\$ 1,000
Audit	\$ 2,000
Total	\$2,368,000
Program Receipts other than Annual Contributions	(\$2,500)

Total contributions required **\$2,365,500**

Calculation of Annual Budget Authority

<u>Increments</u>	<u>Contract Term</u>	<u>Total BA</u>	<u>ABA</u>
001	11/01/01 -10/31/02	\$1,300,000	\$1,191,667
002	01/01/02-12/31/02	\$1,200,000	\$ 900,000
003	04/01/02-03/31/03	\$ 950,000	\$ 475,000
004	07/01/02-06/30/03	\$1,500,000	\$ 375,000
Totals		\$4,950,000	\$2,941,667
ABA associated with litigation			(\$475,000)
Total ABA			(\$2,466,667)

Budget Authority Utilization

Total contributions required	\$2,365,500
divided by	
Annual budget authority	\$2,466,667
equals	
Budget Authority Utilization	95.9%

Lease-up Rate

The lease-up rate was determined by comparing the reserved units (funding increments active as of the end of the PHA/nonprofit organization year) to the unit months leased (divided by 12) reported on the combined HUD 52681, Year End Settlement Statement(s) for December 31, 2001; March 31, 2002; June 30, 2002; or September 30, 2002.

Units associated with new funding increments obligated during the last PHA/nonprofit organization fiscal year and units obligated for litigation were excluded from the reserved units.

EXAMPLE:

<u>Increments</u>	<u>Contract Term</u>	<u>Units</u>
001	11/01/ 01-10/31/02	242

002	01/01/02-12/31/02	224
003	04/01/02-03/31/03	178
004	07/01/02-06/30/03	280
Totals		924
Increment 003 litigation		(178)
Adjusted contract units		746

Unit months leased reported by PHA/nonprofit organization	8,726	
divided by 12		727
Units Leased		727

Lease-up Rate		
Units leased		727
divided by adjusted contract units		746
equals		
Lease-up Rate		97.5%

APPENDIX B

Example

Main Street HA 12/31/02 Year End, January 1, 2002 through December 31, 2002

ACC units applicable: 653 (Litigation and new units obligated during the fiscal year are excluded)

Month	Total HAP	UMLs	Admin Fee	HH Fee	Requirements	Cumulative Total	Annual Budget Authority (ABA)
January	\$291,874	623	\$29,119	\$0	\$320,993	\$320,993	\$295,650
February	\$211,945	620	\$30,058	\$1,125	\$243,128	\$564,121	\$295,650
March	\$234,521	618	\$29,961	\$450	\$264,932	\$829,053	\$295,650
April	\$226,489	620	\$30,058	\$750	\$257,297	\$1,086,350	\$295,650
May	\$240,414	616	\$29,864	\$675	\$270,953	\$1,357,303	\$295,650
June	\$245,600	614	\$29,767	\$825	\$276,192	\$1,633,495	\$295,650
July	\$251,300	615	\$29,815	\$675	\$281,790	\$1,915,285	\$309,103
August	\$265,304	611	\$29,621	\$900	\$295,825	\$2,211,110	\$309,103
September	\$285,504	610	\$29,573	\$375	\$315,452	\$2,526,562	\$309,103
October	\$298,503	612	\$29,670	\$525	\$328,698	\$2,855,260	\$309,103
November	\$325,008	628	\$30,445	\$300	\$355,753	\$3,211,013	\$309,103
December	\$355,006	640	\$31,027	\$225	\$386,258	\$3,597,271	\$309,105
Totals	\$3,231,468	7,427	\$358,978	\$6,825		\$3,597,271	\$3,628,520

Leaseup Rate: 94.78% (UMLs/ACC units)
 ABA Utilization 99.14% (Requirements/ABA)

Certification:

 Executive Director

 Section 8 Program Administrator

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**SECTION 202 SUPPORTIVE HOUSING
FOR THE ELDERLY PROGRAM
(SECTION 202 PROGRAM)**

Billing Code 4210-32-C

Funding Availability for Section 202 Supportive Housing for the Elderly Program (Section 202 Program)

Program Overview

Purpose of the Program. This program provides supportive housing for very low-income persons 62 years of age or older.

Available Funds. Approximately \$473.8 million, plus any carryover funds available.

Eligible Applicants. Private nonprofit organizations and nonprofit consumer cooperatives (see Section III(B) of this program NOFA). (See Section VIII of this program NOFA for information regarding the formation of the Owner corporation).

Eligible Activities. New construction, rehabilitation, or acquisition of housing with or without rehabilitation (see Section III(C) of this NOFA).

Application Deadline. June 13, 2003.

Match Requirements. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD Field Offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to the Section 811 program section of this SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.
2. Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.
3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1-800-HUD-8929 and from the Internet through the HUD Web site at <http://www.hud.gov/grants>. Persons with hearing or speech impairments may call the Center's TTY number at 1-800-HUD-2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at <http://www.hud.gov>.

For Further Information and Technical Assistance. You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Evelyn Berry at HUD Headquarters at (202) 708-3000 (this is not a toll-free number), or access the Internet at <http://www.hud.gov/grants>. Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (e.g., civic organizations, faith-communities and grassroots faith-based and other community-based organizations) to participate in this program and strongly recommends that prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to ensure that any necessary arrangements can be made to enable

their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions concerning the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 202 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at <http://www.hud.gov/grants>.

II. Amount Allocated

For FY 2003, \$473,750,170 is available for capital advances for the supportive housing for the elderly program. The Consolidated Appropriations Resolution, 2003 (Pub. L. 108-7), approved February 20, 2003, (FY 2003 Consolidated Appropriations) provides \$683,286,000 for capital advances, including amendments to capital advance contracts, for supportive housing for the elderly as authorized by section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 801 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), and for project rental assistance, and amendments to contracts for project rental assistance, and renewal of expiring contracts for such assistance for up to a one-year term, for supportive housing for the elderly under section 202(c)(2) of the Housing Act of 1959.

Additionally, the FY 2003 Consolidated Appropriations provide \$25 million for predevelopment grants to private nonprofit organizations and consumer cooperatives in connection with the development of housing under the section 202 program. The announcement of the availability of these funds will be addressed in a separate NOFA to be issued in the future.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: the term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of

funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 202 reflects the "relevant characteristics of prospective program participants," as specified in 24 CFR 791.402(a). The FY 2003 formula consists of two data elements from the 2000 Census: (1) Number of elderly renter households of all sizes (householder age 65 and older) and (2) number of elderly households (householder age 60 and older) living alone with incomes below the poverty level.

Under section 202, 85 percent of the total capital advance amount is allocated to metropolitan areas and 15

percent to nonmetropolitan areas. In addition, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 20 units in metropolitan areas and 5 units in nonmetropolitan areas. The total amount of capital advance funds to support these minimum set-asides are subtracted from the respective (metropolitan or nonmetropolitan) total capital advance amounts available. The remainder is fair shared to each HUD Office jurisdiction whose fair share exceeds the minimum set-aside based on the allocation formula fair share factors described below.

Note: The allocations for metropolitan and nonmetropolitan portions of the Multifamily Hub or Program Center jurisdictions reflect the most current definitions of metropolitan and nonmetropolitan areas, as defined by the Office of Management and Budget.

A fair share factor is developed for each metropolitan and nonmetropolitan

portion of each local HUD Office jurisdiction by dividing the number of elderly renter households in the respective metropolitan and nonmetropolitan portion of the jurisdiction by the total number of elderly rental households in the metropolitan and nonmetropolitan portions of the United States. The resulting percentage for each local HUD Office jurisdiction is then adjusted to reflect the relative cost of providing housing among the HUD Office jurisdictions. The adjusted needs percentage for the applicable metropolitan or nonmetropolitan portion of each jurisdiction is then multiplied by the respective total remaining capital advance funds available nationwide. Based on the allocation formula, HUD has allocated the available capital advance funds as shown on the following chart:

FY 2003 SECTION 202 ALLOCATIONS BY FIELD OFFICE						
METROPOLITAN			NONMETRO			TOTALS
OFFICES	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE
BOSTON HUB						
BOSTON	156	14,932,702	5	480,068	161	15,412,770
HARTFORD	77	7,317,872	5	477,581	82	7,795,453
MANCHESTER	43	3,317,869	28	2,138,386	71	5,456,255
PROVIDENCE	47	4,580,681	5	490,018	52	5,070,699
TOTAL	323	30,149,124	43	3,586,053	366	33,735,177
NEW YORK HUB						
NEW YORK	338	40,351,656	5	596,976	343	40,948,632
BUFFALO HUB						
BUFFALO	113	9,706,710	21	1,811,747	134	11,518,457
PHILADELPHIA HUB						
CHARLESTON	20	1,482,490	18	1,323,483	38	2,805,973
NEWARK	171	17,607,889			171	17,607,889
PHILADELPHIA	176	16,255,887	19	1,766,807	195	18,022,694
PITTSBURGH	90	7,065,508	16	1,274,083	106	8,339,591
TOTAL	457	42,411,774	53	4,364,373	510	46,776,147
BALTIMORE HUB						
BALTIMORE	74	5,925,919	10	770,979	84	6,696,898
RICHMOND	76	5,232,195	24	1,663,196	100	6,895,391
WASHINGTON	68	5,577,584			68	5,577,584
TOTAL	218	16,735,698	34	2,434,175	252	19,169,873

OFFICES	METROPOLITAN			NONMETRO			TOTALS		
	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS
GREENSBORO HUB									
COLUMBIA	65	4,902,565	20	1,511,717	85	6,414,282			
GREENSBORO	103	9,310,862	42	3,746,240	145	13,057,102			
TOTAL	168	14,213,427	62	5,257,957	230	19,471,384			
ATLANTA HUB									
ATLANTA	88	6,014,762	37	2,532,809	125	8,547,571			
KNOXVILLE	50	3,253,956	15	948,613	65	4,202,569			
LOUISVILLE	53	3,932,028	33	2,474,050	86	6,406,078			
NASHVILLE	58	3,966,153	20	1,381,882	78	5,348,035			
SAN JUAN	108	8,552,474	14	1,105,329	122	9,657,803			
TOTAL	357	25,719,373	119	8,442,683	476	34,162,056			
JACKSONVILLE HUB									
BIRMINGHAM	78	5,295,482	26	1,795,380	104	7,090,862			
JACKSON	36	2,348,015	31	2,002,532	67	4,350,547			
JACKSONVILLE	317	21,315,915	19	1,278,578	336	22,594,493			
TOTAL	431	28,959,412	76	5,076,490	507	34,035,902			
CHICAGO HUB									
CHICAGO	181	17,512,508	27	2,591,634	208	20,104,142			
INDIANAPOLIS	84	6,395,358	22	1,700,484	106	8,095,842			
TOTAL	265	23,907,866	49	4,292,118	314	28,199,984			
COLUMBUS HUB									
CINCINNATI	60	4,272,943	5	358,186	65	4,631,129			
CLEVELAND	109	8,761,247	13	1,037,994	122	9,799,241			
COLUMBUS	51	3,731,036	17	1,203,664	68	4,934,700			
TOTAL	220	16,765,226	35	2,599,844	255	19,365,070			

OFFICES	METROPOLITAN			NONMETRO			TOTALS		
	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS
DETROIT HUB									
DETROIT	110	9,229,049	5	420,371	115	9,649,420			
GRAND RAPIDS	49	3,532,275	18	1,270,098	67	4,802,373			
TOTAL	159	12,761,324	23	1,690,469	182	14,451,793			
MINNEAPOLIS HUB									
MINNEAPOLIS	67	6,010,497	26	2,320,859	93	8,331,356			
MILWAUKEE	78	6,644,383	27	2,284,925	105	8,929,308			
TOTAL	145	12,654,880	53	4,605,784	198	17,260,664			
FT. WORTH HUB									
FT. WORTH	148	9,278,060	36	2,290,937	184	11,568,997			
HOUSTON	84	5,425,520	13	859,128	97	6,284,648			
LITTLE ROCK	45	2,678,163	27	1,599,199	72	4,277,362			
NEW ORLEANS	88	5,719,114	20	1,277,143	108	6,996,257			
SAN ANTONIO	86	5,271,379	16	964,830	102	6,236,209			
TOTAL	451	28,372,236	112	6,991,237	563	35,363,473			
KANSAS CITY HUB									
DES MOINES	37	2,639,008	24	1,714,937	61	4,353,945			
KANSAS CITY	68	4,913,251	28	2,083,994	96	6,997,245			
OKLAHOMA CITY	54	3,417,029	23	1,462,849	77	4,879,878			
OMAHA	20	1,492,440	16	1,184,354	36	2,676,794			
ST LOUIS	54	4,536,501	20	1,661,719	74	6,198,220			
TOTAL	233	16,998,229	111	8,107,853	344	25,106,082			
DENVER HUB									
DENVER	97	6,517,787	37	2,481,840	134	8,999,627			

OFFICES	METROPOLITAN		NONMETRO		TOTALS	
	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE	UNITS	CAPITAL ADVANCE
SAN FRANCISCO HUB						
SAN FRANCISCO	158	17,584,566	12	1,212,506	170	18,797,072
HONOLULU	20	3,581,856	5	895,464	25	4,477,320
PHOENIX	80	5,582,194	12	815,509	92	6,397,703
SACRAMENTO	60	5,493,345	10	892,209	70	6,385,554
TOTAL	318	32,241,961	39	3,815,688	357	36,057,649
LOS ANGELES HUB						
LOS ANGELES	299	27,652,264	5	462,656	304	28,114,920
SEATTLE HUB						
SEATTLE	85	7,567,048	18	1,592,537	103	9,159,585
ANCHORAGE	20	3,581,856	5	895,464	25	4,477,320
PORTLAND	67	5,419,794	25	1,956,581	92	7,376,375
TOTAL	172	16,568,698	48	4,444,582	220	21,013,280
NATIONAL TOTAL	4,764	402,687,645	925	71,062,525	5,689	473,750,170

III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used for the construction or rehabilitation of a structure, or acquisition of a structure with or without rehabilitation (including structures from the Federal Deposit Insurance Corporation (FDIC)). Capital advance funds bear no interest and are based on development cost limits published in Section IV(D). Repayment of the capital advance is not required as long as the housing remains available for occupancy by very low-income elderly persons for at least 40 years.

Project rental assistance contract (PRAC) funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUD-approved expense to operate the project. PRAC funds may also be used to provide supportive services and to hire a service coordinator in those projects serving frail elderly residents. The supportive services must be appropriate to the category or categories of frail elderly residents to be served.

(B) *Eligible Applicants.* Private nonprofit organizations and nonprofit consumer cooperatives who meet the threshold requirements contained in section V of the General Section of the SuperNOFA are the only eligible applicants under this section 202 Program. Neither a public body nor an instrumentality of a public body is eligible to participate in the program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) *Eligible Activities.* Section 202 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition of housing with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 202 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUD-approved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income) as well as to provide supportive services to frail elderly residents.

Note: For purposes of approving section 202 capital advances, HUD will consider proposals involving mixed-financing for additional units. However, you must obtain

funds to assist the additional units with other than PRAC funds. HUD will not provide PRAC funds for non-section 202 units.

(D) *Ineligible Activities.* Section 202 funds may not be used for nursing homes, infirmaries, medical facilities, mobile home projects, community centers, headquarters for organizations for the elderly, nonhousekeeping accommodations, or refinancing of sponsor-owned facilities without rehabilitation.

Note: You may propose to rehabilitate an existing currently owned or leased structure that may or may not already serve elderly persons, except that the refinancing of any Federally funded or assisted project or project insured or guaranteed by a Federal agency is not permissible under this section 202 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a Federal program. (For example, section 202 or section 202/8 direct loan projects cannot be refinanced with capital advances and project rental assistance.)

IV. Program Requirements

By signing Form HUD-92015-CA, Application for section 202 Capital Advance, you are certifying that you will comply with all program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) *Statutory and Regulatory Requirements.* In addition to the statutory, regulatory, threshold and public policy requirements listed in section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in sections III, IV and IX of this program section of the SuperNOFA.

(B) *Application Unit/Project Limits.* A Sponsor or Co-sponsor may not apply for more than 200 units of housing for the elderly in a single Hub or more than 10 percent of the total units allocated to all HUD Offices. Also, no single application may propose more than the number of units allocated to a HUD Office or 125 units, whichever is less. Reservations for projects will not be approved for fewer than 5 units. If the proposed project will be a scattered-site development, the 5-unit minimum requirement will apply to each site. Affiliated entities that submit separate applications are considered to be a single entity for the purpose of these limits.

(C) *HUD/RHS Agreement.* HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify

RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS' comments in its review and application selection process.

(D) *Development Cost Limits.* (1) The following development cost limits, adjusted by locality as described in section IV(D)(2) of this program section of the SuperNOFA, below, will be used to determine the capital advance amount to be reserved for projects for the elderly:

(a) The total development cost of the property or project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you must pay for) may not exceed:

Nonelevator Structures

\$41,238 per family unit without a bedroom;
\$47,548 per family unit with one bedroom;
\$57,344 per family unit with two bedrooms;

For Elevator Structures

\$43,398 per family unit without a bedroom;
\$49,748 per family unit with one bedroom;
\$60,493 per family unit with two bedrooms.

(b) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the accessibility requirements of § 891.120(b); and the project design and cost standards of § 891.120 and § 891.210.

(2) Increased development cost limits.

(a) HUD may increase the development cost limits set forth in Section IV(D)(1) of this program section of the SuperNOFA, above, by up to 140 percent in any geographic area where the cost levels require, and may increase the development cost limits by up to 160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands, or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(D)(1) of this

program section of the SuperNOFA, above, the amount of the capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(E) *Minimum Capital Investment.* Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUD-approved capital advance amount, not to exceed \$10,000 in accordance with § 891.145, with the following exception. If you, as Sponsor or Co-Sponsor, have one or more Section 202 or one or more Section 811 project(s) under reservation, construction, or management in two or more different HUD geographical regions (Hubs), the minimum capital investment shall be one half of one percent of the HUD-approved capital advance amount, not to exceed \$25,000.

(F) *Accessibility.* Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.210, and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the Federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. (See section II of the General Section of this SuperNOFA.)

(G) *Conducting Business in Accordance with HUD Core Values and Ethical Standards.* Section 202 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to sign a Conflict of Interest Resolution and include it in your Section 202 application. Further, if awarded a section 202 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the section 202 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(H) *Ensuring the Participation of Small Businesses, Small Disadvantaged*

Businesses, and Women-Owned Businesses. Although the section 202 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(I) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(J) *Economic Opportunities for Low and Very Low-Income Persons (Section 3).* See section V of the General Section of this SuperNOFA.

(K) *Design and Cost Standards.* You must comply with HUD's Section 202 design and cost standards (24 CFR 891.120 and 891.210), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and, where applicable, the Americans with Disabilities Act of 1990.

(L) *Acquisition and Relocation.* You must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24, and 24 CFR 891.155(e)) (URA) which covers the acquisition of sites, with or without, existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based on disability in determining the site or location of a Federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land (1) that you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation (with reasonable evidence) of the basis for the estimate.

(M) *Formation of Owner Corporation.* You must form an Owner (in accordance with 24 CFR 891.205) after issuance of the capital advance, must cause the Owner to file a request for determination of eligibility and a request for capital advance, and must provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(N) *Supportive Services.* You must not require residents to accept any supportive services as a condition of occupancy.

(O) *Davis-Bacon.* You must comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act.

(P) *Flood Disaster Protection Act of 1973 and Coastal Barrier Resources Act.* You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(Q) *National Environmental Policy Act.* You must comply with the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4, HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially but not limited to the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental "conditions and safeguards" at 24 CFR 50.3(c).

(R) *Sites.* (1) *Site Control.* You must provide evidence of site control as described in this program section of the SuperNOFA and Exhibit 4(d) of Appendix A of the section 811 program section of this SuperNOFA.

(2) *Phase I Environmental Site Assessment (ESA).* You must submit a Phase I ESA in accordance with the American Society for Testing and Material (ASTM) Standards E 1527–97, as amended, completed or updated no earlier than six months prior to the application deadline date. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled "Choosing an Environmentally Safe Site" and the "Supplemental Guidance, Environmental Information", are available on HUD's Web site at <http://www.HUD.gov>.

(a) For a project that involves demolition and/or rehabilitation of structures built before 1978, the Phase I

ESA must include the following: (i) An asbestos report that identifies the location and condition of any asbestos and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition and/or rehabilitation of structures built before 1978, the Phase I ESA must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

Note: If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) *Phase II ESA.* If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office.

The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State, and/or local agency with jurisdiction over the site.

In order for the application to be considered for review under this FY 2003 funding competition, you must submit this information to the local HUD Office on or before July 14, 2003.

Note: This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(S) *Delinquent Federal Debt.* See Section V of the General Section of this SuperNOFA.

(T). *Commercial Facilities.* A commercial facility for the benefit of the residents may be located and operated in the section 202 project. However, the commercial facility cannot be funded with the use of section 202 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An

exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(U) *False Statements.* See section V of the General Section of this SuperNOFA.

(V) *Expiration of Section 202 Funds.* The FY 2003 Consolidated Appropriations require HUD to obligate all Section 202 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. Section 1551, no funds can be disbursed from the account after September 30, 2011. Under Section 202, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD Office. HUD will screen all applications received by the deadline for curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of the application. The following is a list of the deficiencies that will be considered curable in a Section 202 application:

Exhibits (See Appendix A of the Section 811 Program Section of the SuperNOFA)

- (1) Form 92015-CA (Application Form)*
- (2) (a) Articles of Incorporation*
 - (b) By-laws*
 - (c) IRS tax exemption ruling*
- (4) (c)(ii) Energy efficiency
 - (d)(i) Evidence of site control
 - (d)(ii) Evidence site is free of

- limitations, restrictions or reverters
- (d)(vi) Phase I Environmental Site Assessment
- (d)(vii) Letter from State Historic Preservation Officer (SHPO)
- (7) Relocation
- (8) (a) Form HUD 424, Application for Federal Assistance
 - (b) Standard Form LLL, Disclosure of Lobbying Activities, if applicable
 - (c) Form HUD-424B, Applicant Assurances and Certifications
 - (d) Form HUD 2880, Applicant/Recipient Disclosure/Update Report
 - (e) Form HUD-2991, Certification of Consistency with Consolidated Plan
 - (f) Form-HUD-92041, Sponsor's Conflict of Interest Resolution
 - (g) Form HUD-92042, Sponsor's Resolution for Commitment to Project*
 - (i) Form HUD-2530, Previous Participation Certification.

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and you will be given 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (*) must be dated on or before the application deadline date.

(B) *Rating.* HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of that rejection with all the reasons for rejection, and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the section 202 applicant, based on HUD's evaluation of the applicant's previous participation activities as reported on Form HUD-2530, Previous Participation Certification, it will be rated according to the rating factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as a missing item until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) *Ranking and Selection Procedures.* Applications submitted in response to the advertised metropolitan allocations or nonmetropolitan allocations that have a total base score (without the addition of RC/EC/EZ bonus points) of 75 points or more and meet all of the applicable threshold requirements of section V(B) of the General Section of the SuperNOFA will be eligible for selection, and HUD will place them in rank order per metropolitan or nonmetropolitan allocation. These applications, after adding any bonus points for RC/EC/EZ, will be selected based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's metropolitan or nonmetropolitan allocation. HUD Program Center Offices will *not* skip over any applications in order to select one based on the funds remaining. After making the initial selections in each allocation area, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent, rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

Once this process has been completed, HUD Program Center Offices may combine their unused metropolitan and nonmetropolitan funds in order to select the next ranked application in either category, using the unit reduction policy described above, if necessary.

After the HUD Program Center Offices have funded all possible projects based on the process above, combined metropolitan and nonmetropolitan residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may *not* be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any

remaining residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than five units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these residual funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application *nationwide*. However, after restoring units to projects where necessary, priority will be given to those applications for projects in non-metropolitan areas, if necessary to meet the statutory requirement pertaining to section 202 funding in nonmetropolitan areas. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds. In order to use as much of the available remaining funds as possible, HUD Headquarters may skip over a higher-rated application.

(D) *Factors for Award Used To Evaluate and Rate Applications.* HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Appendix A of the section 811 program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two RC/EC/EZ bonus points, as described in the General Section of the SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (25 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e) and 6 of Appendix A of

the Section 811 program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points). The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (*i.e.*, number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points). The scope, extent, and quality of your experience in providing housing or related services to minority persons or families.

(b)(ii) (5 points). The scope, extent, and quality of your ties to the community at large and to the minority and elderly communities in particular.

For the purpose of this program section of the SuperNOFA, the term "minority" encompasses the basic racial and ethnic categories for Federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled "Race and Ethnicity."

To earn the maximum number of points under this subcriteria, you must describe both your relationships over time with the minority community and significant previous experience in providing housing and/or supportive services to minorities generally and to minority elderly in particular. For the purpose of this competition, "significant previous experience" means that the previous housing assistance or related services to minorities, *i.e.*, the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (-2 to -4 points). HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the section 202 Program of Supportive Housing for the Elderly or the section 811 Program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of such delays include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a

disaster, as declared by the President of the United States.

(d) (- 1 point). HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of the section 811 program section of the SuperNOFA. HUD will take into consideration the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable Federally assisted housing units for the elderly (HUD and RHS), current occupancy in such housing and recent market experience, comparable assisted housing for the elderly under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market areas. The Department will also review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how your proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this Factor, HUD will rate your application as follows:

(a) (12 points). The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's

evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points). The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (45 Points)

This factor addresses the quality and effectiveness of your proposal and the extent to which you involve elderly persons, including elderly minority persons, in the development and operation of the project. There must be a clear relationship between your proposed design, proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(f), 4(c), 4(d) and 5 of Appendix A of the section 811 program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (15 points). The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended occupants; adequacy of utilities and streets; freedom of the site from adverse environmental conditions; compliance with site and neighborhood standards (24 CFR 891.125(a), (d) and (e));

(a)(ii) (- 1 point). The site(s) is not already permissively zoned for the intended use.

(b) (10 points). The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families, and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. Where appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

—Expanding housing opportunities in non-minority neighborhoods (if located in such a neighborhood). The term "nonminority area" is defined as one in which the minority population is lower than 10 percent; or

—Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority elderly. You should refer to the Site and Neighborhood Standards provisions of the regulations governing the section 202 Supportive Housing for the Elderly program (24 CFR 891.125(b) and (c)) when considering sites for your project.

(ii) For the purpose of this competition, the term "minority neighborhood (area of minority concentration)" is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market as a whole; or,

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c) (4 points). The extent to which your proposed design will meet the special physical needs of elderly persons;

(d) (3 points). The extent to which the proposed size and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion;

(e) (3 points). The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is intended to serve;

(f) (3 points). The extent to which the proposed supportive services meet the identified needs of the anticipated residents; and

(g) (3 points). The extent to which you demonstrate that the identified supportive services will be provided on a consistent, long-term basis.

(h) (1 point). The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(i) (3 points) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly

minority elderly persons, in the development and operation of the project.

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(c) and 3(d) of Appendix A of the section 811 program section of the SuperNOFA.

(a) (2 points). The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points). The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it, and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This Factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, educational opportunities, and improved living environments. Finally, this factor addresses the extent to which the long-term viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i) of Appendix A of the section 811 program section of the SuperNOFA.

(a) (5 points). The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points). The extent to which your project will implement practical

solutions that will result in assisting residents in achieving independent living, educational opportunities, and improved living environments; and

(c) (3 points). The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low-income elderly persons for the 40-year capital advance period.

Bonus Points

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) of Appendix A of the section 811 program section of the SuperNOFA.

(E) *Applicant Debriefing*. You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of the section 811 program section of this SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of the section 811 program section of the SuperNOFA (unless you were selected for a section 202 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibits 2(a), (b), and (c) of Appendix A of the section 811 program section of the SuperNOFA, which are the articles of incorporation, (or other organizational documents), by-laws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on the information submitted.

In addition to this relief of paperwork burden in preparing applications, you will be able to submit information and exhibits you have previously prepared for prior applications under section 202, section 811, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the burden of application preparation

include, among others, those on previous participation in the section 202 or section 811 Programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

VIII. Formation of Owner Corporation for Development of Section 202 Projects and for Section 202 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a section 202 fund reservation under this NOFA has not changed; *i.e.*, all section 202 Sponsors and Co-Sponsors must be private nonprofit organizations and nonprofit consumer cooperatives. However, the Owner corporation, when later formed by the Sponsor, may be (1) a single-purpose private nonprofit organization that has tax-exempt status under section 501(c)(3) or section 501(c)(4) of the Internal Revenue Code of 1986, (2) nonprofit consumer cooperative, OR (3) for purposes of developing a mixed-finance project for developing additional units over and above the section 202 units, a for-profit limited partnership with a nonprofit entity as the sole general partner.

IX. Authority

The Section 202 Supportive Housing for the Elderly Program is authorized by section 202 of the Housing Act of 1959 (12 U.S.C. 1701q), as amended by section 801 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625; approved November 28, 1990); the Housing and Community Development Act of 1992 (Pub. L. 102-550; approved October 28, 1992), the Rescissions Act (Pub. L. 104-19; enacted on July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569; approved December 27, 2000); and the Consolidated Appropriations Resolution, 2003 (Pub. L. 108-7, approved February 20, 2003).

Appendix A

Addresses for Submitting Applications

Please see Appendix B of the section 811 program section of this SuperNOFA. Submit your completed application (an original and four copies) to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B of the section 811 program section of this SuperNOFA. See section I., Address for Submitting Applications, of this program

NOFA, for the exceptions regarding where to file your application.

Appendix B

The forms, which are required for your section 202 program application

are in Appendix A of the section 811 program section of this SuperNOFA.

BILLING CODE 4210-32-P

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**SECTION 811 PROGRAM OF
SUPPORTIVE HOUSING FOR
PERSONS WITH DISABILITIES
(SECTION 811 PROGRAM)**

Billing Code 4210-32-C

Funding Availability for the Section 811 Program of Supportive Housing for Persons with Disabilities (Section 811 Program)

Additional Overview

Purpose of the Program. This program provides funding for supportive housing for very low-income persons with disabilities who are at least 18 years old. Additionally, organizations receiving funds must assure that an array of community support services are identified and available. (Please note that funding for a related program, Mainstream Housing Opportunities for Persons with Disabilities, is found elsewhere in this SuperNOFA.)

Available Funds. Approximately \$116.8 million plus any carryover funds available.

Eligible Applicants. Nonprofit organizations that have a section 501(c)(3) tax exemption from the Internal Revenue Service. (See section III(B) of this NOFA). (See section VIII of this NOFA for information regarding the formation of the Owner corporation.)

Eligible Activities. New construction, rehabilitation, or acquisition (with or without rehabilitation) of housing (see section III(C) of this NOFA).

Application Deadline. June 13, 2003.

Match Requirements. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD field offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to this program section of the SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

2. Applications for projects proposed to be located within the jurisdiction of

the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1-800-HUD-8929 and from the Internet through the HUD Web site at <http://www.hud.gov/grants>. Persons with hearing or speech impairments may call the Center's TTY number at 1-800-HUD-2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at <http://www.hud.gov>.

For Further Information and Technical Assistance. You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Gail Williamson at HUD Headquarters at (202) 708-3000 (this is not a toll-free number), or access the Internet at <http://www.hud.gov/grants>. Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (e.g., civic organizations, faith-communities and grassroots faith-based and other community-based organizations) to participate in this program and strongly recommends prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements, as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD

Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to assure that any necessary arrangements can be made to enable their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions regarding the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 811 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at <http://www.hud.gov/grants>.

II. Amount Allocated

For FY 2003, \$116,810,724 for capital advances is available for the Section 811 Program of Supportive Housing for Persons with Disabilities. The Consolidated Appropriations Resolution, 2003 (Pub. L. 108-7, approved February 20, 2003) (FY 2003 Consolidated Appropriations) provides \$250,515,000 for capital advances, including amendments to capital advance contracts for supportive housing for persons with disabilities, as authorized by section 811 of the National Affordable Housing Act of 1990 (NAHA); and for project rental assistance for supportive housing for persons with disabilities under section 811 of the NAHA, including amendments to contracts for such assistance and renewal of expiring contracts for such assistance for up to a 1-year term and for tenant-based rental assistance contracts and renewal of expiring contracts for such assistance entered into pursuant to section 811 of the NAHA.

\$53.6 million (25% of the appropriated amount remaining after the deductions for project rental assistance (PRAC) renewals, renewals of expiring contracts for tenant-based assistance, and the amount to be transferred to the Working Capital Fund) is available for tenant-based rental assistance for persons with disabilities. These funds are administered through public housing agencies (PHAs) and nonprofit

organizations under the Mainstream Housing Opportunities for Persons with Disabilities Program that is found elsewhere in this SuperNOFA.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: The term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 811 reflects the "relevant characteristics of prospective program participants," as specified in 24 CFR 791.402(a). The FY 2003 formula consists of the following data element from the 2000 Census: The number of non-institutionalized persons age 16 to

64 with a disability. The data on disability status were derived from answers to a two-part question that asked about the existence of the following long-lasting conditions: (a) Blindness, deafness, or a severe vision or hearing impairment (sensory disability) and (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability); and a four-part question that asked if the individual had a physical, mental, or emotional condition lasting 6 months or more that made it difficult to perform certain activities. The four activity categories were: (a) Learning, remembering, or concentrating (mental disability); (b) dressing, bathing, or getting around inside the home (self-care disability); (c) going outside the home alone to shop or visit a doctor's office (going outside the home disability); and (d) working at a job or business (employment disability). Under the Section 811 Program, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 10 units. The total amount

of capital advance funds to support this minimum set-aside is then subtracted from the total capital advance available. The remainder is fair shared to each HUD Office jurisdiction whose fair share would exceed the set-aside based on the allocation formula fair share factors described below.

The fair share factors were developed by taking the count of disabilities in the data element for each state, or state portion, of each local HUD Office jurisdiction as a percent of the data element from the 2000 Census, described above, for the total United States. The resulting percentage for each local HUD Office is then adjusted to reflect the relative cost of providing housing among the local HUD Office jurisdictions. The adjusted needs percentage for each local HUD Office is then multiplied by the total amount of capital advance funds available nationwide.

The section 811 capital advance funds have been allocated, based on the formula above, to 51 local HUD Offices as shown on the following chart:

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Fiscal Year 2003 Allocations for Supportive Housing for Persons
with Disabilities

[Fiscal Year 2003 Section 811 Allocations]

Office	Capital Advance Authority	Units
Boston Hub:		
Boston	\$3,632,336	39
Hartford	2,245,965	24
Manchester	1,751,827	24
Providence	953,813	10
Total	8,583,941	97
New York Hub:		
New York	6,641,995	58
Total	6,641,995	58
Buffalo Hub:		
Buffalo	2,141,585	26
Total	2,141,585	26
Philadelphia Hub:		
Newark	4,482,779	45
Pittsburgh	1,656,375	22
Philadelphia	3,324,883	37
Charleston	1,475,945	21
Total	10,939,982	125
Baltimore Hub:		
Baltimore	1,697,173	22
Richmond	1,918,803	29
D.C.	2,186,276	27
Total	5,802,252	78
Greensboro Hub:		
Columbia	2,376,877	32
Greensboro	4,522,261	52
Total	6,899,138	84

Atlanta Hub:		
Atlanta	3,394,946	51
San Juan	2,744,052	36
Louisville	2,455,763	34
Knoxville	629,536	10
Nashville	1,119,399	17
Total	10,343,696	148
Jacksonville Hub:		
Jacksonville	6,038,870	92
Birmingham	2,320,615	35
Jackson	1,679,904	26
Total	10,039,389	153
Chicago Hub:		
Chicago	5,910,337	63
Indianapolis	2,783,123	38
Total	8,693,460	101
Columbus Hub:		
Cincinnati	696,103	10
Cleveland	1,372,104	18
Columbus	707,514	10
Total	2,775,721	38
Detroit Hub:		
Detroit	2,638,606	32
Grand Rapids	696,103	10
Total	3,334,709	42
Minneapolis Hub:		
Milwaukee	2,478,760	30
Minneapolis	2,355,869	27
Total	4,834,629	57
Fort Worth Hub:		
Fort Worth	3,836,864	63
Houston	629,536	10
Little Rock	1,531,828	26
New Orleans	2,140,496	34
San Antonio	596,252	10
Total	8,734,976	143
Kansas City Hub:		
Des Moines	1,424,719	21
Kansas City	1,715,413	25
Omaha	724,632	10
Oklahoma City	1,736,312	28
St. Louis	816,875	10
Total	6,417,951	94

Denver Hub:

Denver	3,172,424	47
Total	3,172,424	47

San Francisco Hub:

Honolulu (Guam)	1,711,728	10
Phoenix	2,293,719	34
Sacramento	890,099	10
San Francisco	3,066,499	32
Total	7,962,045	86

Los Angeles Hub:

Los Angeles	3,598,683	40
Total	3,598,683	40

Seattle Hub:

Anchorage	1,711,728	10
Portland	1,281,595	18
Seattle	2,900,835	33
Total	5,894,158	61
National Total	\$116,810,724	1,478

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III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used to construct, rehabilitate, or acquire structures (including structures from the Federal Deposit Insurance Corporation (FDIC)), to be developed into a variety of housing options described in section III(C) below. Capital advance funds bear no interest and are based on development cost limits in section IV(E) below. Repayment of the capital advance is not required as long as the housing remains available for at least 40 years for occupancy by very low-income persons with disabilities. PRAC funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUD-approved cost to operate the project.

(B) *Eligible Applicants.* Nonprofit organizations with a section 501(c)(3) tax exemption from the Internal Revenue Service and who meet the threshold requirements contained in Section V of the General Section of the SuperNOFA are the only eligible applicants for this program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) *Eligible Activities.* Section 811 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 811 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUD-approved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income). The types of housing that can be developed with Section 811 capital advance funds include independent living projects, dwelling units in multifamily housing developments, condominium and cooperative housing and small group homes.

Note: For purposes of approving Section 811 capital advances, HUD will consider a proposal involving mixed-financing for additional units if you have legal control of an approvable site and the additional units do not cause the project, as a whole, to exceed the project size limits if the additional units will also house persons with disabilities. However, you must obtain funds to assist the additional units with other than

PRAC funds. HUD will not provide PRAC funds for non-Section 811 units.

(D) *Ineligible Activities.* Section 811 funds may not be used for any of the following:

- (1) Nursing homes, infirmaries and medical facilities;
- (2) Transitional housing;
- (3) Manufactured housing;
- (4) Intermediate care facilities;
- (5) Community centers, with or without special components for use by persons with disabilities;
- (6) Sheltered workshops and centers for persons with disabilities;
- (7) Headquarters for organizations for persons with disabilities; and
- (8) Refinancing of Sponsor-owned facilities without rehabilitation.

Note: You may propose to rehabilitate an existing currently-owned or leased structure that may or may not already serve persons with disabilities, except that the refinancing of any federally funded or assisted project or project insured or guaranteed by a federal agency is not permissible under this Section 811 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a federal program. (For example, section 202, section 202/8 or section 202/PAC direct loan projects cannot be refinanced with capital advances and project rental assistance.)

IV. Program Requirements

By signing Form HUD-92016-CA, Application for a Section 811 Capital Advance, you are certifying that you will comply with the program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) *Statutory and Regulatory Requirements.* In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in Sections III, IV and IX of this program section of the SuperNOFA.

(B) *Application Unit/Project Limits.* A Sponsor or Co-Sponsor may not apply for more than 70 units of housing or 4 projects (whichever is less) for persons with disabilities in a single Hub. In addition, a Sponsor or Co-Sponsor may not apply for more units in a given HUD Office than allocated for the section 811 program in that HUD Office, or for more than 10 percent of the total units allocated in all HUD Offices. If the proposed project will be an independent living project, your application must request at least five units, not necessarily in one structure. If your proposed project will be a group home,

you must request at least two units per group home. If your proposed project will be a combination of an independent living project and a group home, your application must request at least the minimum number of units for each project type (*i.e.*, 5 units for an independent living project and 2 units for a group home). Affiliated entities that submit separate applications are considered a single entity for the purpose of these limits.

(C) *Project Size Limits.* (1) *Independent living project.* The minimum number of units that can be applied for in one application is five. All of the units are not required to be in one structure and they may be on scattered sites. The maximum number of persons with disabilities that can be housed in an independent living project is 14 plus one additional one or two bedroom unit for a resident manager, if necessary. However, if the proposed independent living project will be located on the same site or on an adjacent site containing existing housing for persons with disabilities, the total persons with disabilities housed in both the existing and the proposed project cannot exceed 14.

(2) If you are submitting an application for an independent living project with site control, you may request an exception to the above project size limit by providing the information required in Exhibit 4(d)(ix) in Appendix A of this program section of the SuperNOFA.

(3) *Group home.* The minimum number of persons with disabilities that can reside in a group home is two, and the maximum number is six. An additional one-bedroom unit can be provided for a resident manager. Only one person per bedroom is allowed, unless two residents choose to share one bedroom or a resident determines he/she needs another person to share his/her bedroom.

(D) *HUD/RHS Agreement.* HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS comments in its review and application selection process.

(E) *Development Cost Limits.* (1) The following development cost limits, adjusted by locality as described in Section IV(E)(2) below, must be used to

determine the capital advance amount reserved for projects for persons with disabilities:

(a) *For independent living projects and dwelling units in multifamily housing developments, condominium and cooperative housing:* The total development cost of the project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you will pay for) may not exceed:

Non-Elevator Structures:

- \$41,238 per family unit without a bedroom;
- \$47,548 per family unit with one bedroom;
- \$57,344 per family unit with two bedrooms;
- \$73,400 per family unit with three bedrooms;
- \$81,770 per family unit with four bedrooms.

For Elevator Structures:

- \$43,398 per family unit without a bedroom;
- \$49,748 per family unit with one bedroom;
- \$60,493 per family unit with two bedrooms;
- \$78,257 per family unit with three bedrooms;
- \$85,902 per family unit with four bedrooms.

(b) *For group homes only:*

TYPE OF DISABILITY

# Residents	Physical/developmental	Chronic mental illness
2	\$166,022	\$160,262
3	178,533	172,340
4	191,045	183,069
5	203,556	193,798
6	216,054	204,527

(c) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the minimum group home requirements of 24 CFR 891.310(a) (if applicable); the accessibility requirements of 24 CFR 891.120(b) and 891.310(b); and the project design and cost standards of 24 CFR 891.120.

(2) Increased Development Cost Limits

(a) HUD may increase the development cost limits set forth in Section IV(E)(1) of this program section of the SuperNOFA by up to 140 percent in any geographic area where the cost levels require, and may increase the

development cost limits by up to 160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(E)(1) of this program section of the SuperNOFA, the amount of capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(c) For group homes only, HUD Offices may approve increases in the development cost limits in Section IV(E)(1)(b), above, in areas where you can provide sufficient documentation that high land costs limit or prohibit project feasibility. An example of acceptable documentation is evidence of at least three land sales that have actually taken place (listed prices for land are not acceptable) within the last two years in the area where your project is to be built. The average cost of the documented sales must exceed ten percent of the development cost limit for your project in order for an increase to be considered.

(F) *Minimum Capital Investment.* Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUD-approved capital advance amount not to exceed a maximum of \$10,000 in accordance with 24 CFR 891.145.

(G) *Accessibility.* Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.310 and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. See Section II (C) of the General Section of this SuperNOFA.

(H) *Conducting Business in Accordance With Core Values and Ethical Standards.* Section 811 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the

General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to submit a signed Conflict of Interest Resolution and include it in your Section 811 application. Further, if awarded a Section 811 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the Section 811 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(I) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* Although the Section 811 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(J) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(K) *Economic Opportunities for Low and Very Low Income Persons.* See Section V of the General Section of this SuperNOFA.

(L) *Design and Cost Standards.* You must comply with HUD's Section 811 project design and cost standards (24 CFR 891.120 and 891.310), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990, where applicable.

(M) *Acquisition and Relocation.* You must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24 and 24 CFR part 891.155(e)) (URA), which covers the acquisition of sites, with or without existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based

on disability in determining the site or location of a federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land: (1) That you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation, with reasonable evidence of the basis for the estimate.

(N) *Formation of Owner Corporation.* You must form an "Owner" in accordance with 24 CFR 891.305 after issuance of the capital advance; cause the Owner to file a request for determination of eligibility and a request for capital advance, and provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(O) *Supportive Services.* You are required to include a Supportive Services Plan and a certification from the appropriate state or local agency that the provision of services identified in your Supportive Services Plan is well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your proposed project. Exhibit 5 in Appendix A of this program section of the SuperNOFA, below, outlines the information that must be in the Supportive Services Plan. You must submit one copy of your Supportive Services Plan to the appropriate state or local agency well in advance of the application submission deadline date for the state or local agency to review your Supportive Services Plan and complete the Supportive Services Certification and return it to you so that you can include it in the application you submit to HUD.

(1) HUD will reject your application if the supportive services certification:

(a) Is not submitted with your application and is not submitted to HUD within the 14-day cure period; or
 (b) Indicates that the provision of supportive services is not well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your project; or

(c) Indicates that the provision of supportive services will not enhance independent living success or promote the dignity of the persons with disabilities who will live in your proposed project.

(2) In addition, if the agency completing the certification will be a major funding or referral source for your proposed project or be responsible for licensing the project, HUD will reject your application if either the agency's supportive services certification indicates—or, where the agency fails to complete item 3 or 4 of the certification, HUD determines that:

(a) You failed to demonstrate that supportive services will be available on a consistent long-term basis; and/or

(b) The proposed housing is not consistent with state or local agency plans/policies addressing the housing needs of people with disabilities.

Any prospective resident of a Section 811 project who believes he/she needs supportive services must be given the choice to be responsible for acquiring his/her own services or to take part in your Supportive Services Plan which must be designed to meet the individual needs of each resident.

You must not require residents to accept any supportive services as a condition of occupancy or admission.

(P) *Davis-Bacon.* You must comply with the Davis-Bacon Requirements and the Contract Work Hours and Safety Standards Act.

(Q) *Flood Disaster Protection Act of 1973 and Coastal Barriers Resources Act.* You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(R) *National Environmental Policy Act.* You must comply with the National Environmental Policy Act of 1969 (NEPA)(42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4 and HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially, but not limited to, the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental conditions and safeguards at 24 CFR 50.3(c).

(S) *Sites.* (1) *Site Control or Site Identification.* In your application, you must provide either:

(a) *Evidence of Site Control*—If you have control of a site at the time you submit your application, you must include evidence of such as described in Exhibit 4(d)(i) in Appendix A of this program section of the SuperNOFA relative to site control.

or

(b) *Site Identification*—If you do not have site control of one or more of your sites, you must provide the information required in Exhibit 4(d)(x) in Appendix A of this program section of the SuperNOFA under "site identified" for any site not under control as a reasonable assurance that site control will be obtained within six months of fund reservation notification.

(2) *Phase I Environmental Site Assessment (ESA)*—If you have control of the site(s) at the time you submit your application, you must submit a Phase I ESA, in accordance with the American Society for Testing and Material (ASTM) Standards E 1527–97, as amended, completed or updated no earlier than six months prior to the application deadline date, in order for the application to be considered as an application with site control. The Phase I ESA must be completed and submitted with the application. The Phase I study is not a curable deficiency for the Section 811 Program. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled "Choosing An Environmentally Safe Site" and the "Supplemental Guidance Environmental Information", are available on HUD's Web site at www.hud.gov.

(a) For a project that will involve demolition and/or rehabilitation of a structure(s) built before 1978, the Phase I must include the following: (i) an asbestos report that identifies the location and condition of any asbestos, and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

Note: If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) *Phase II ESA*—If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office. The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable federal, state, and/or local agency with jurisdiction over the site.

In order for your application to be considered as an application with site control you must submit this information to the local HUD Office on or before July 14, 2003.

Note: This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(4) If your application contains evidence of site control where either the evidence or the site is not approvable, your application will *not* be rejected provided you indicate in your application that you are willing to seek an alternate site and provide an assurance that site control will be obtained within six months of fund reservation notification.

(T) *Lead-Based Paint*. You must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846) and implementing regulations at 24 CFR part 35.

(U) *Delinquent Federal Debt*. See Section V of the General Section of this SuperNOFA.

(V) *Commercial Facilities*. A commercial facility for the benefit of the residents may be located and operated in the Section 811 project. However, the commercial facility cannot be funded with the use of Section 811 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(W) *False Statements*. See Section V of the General Section of this SuperNOFA.

(X) *Expiration of Section 811 Funds*. The FY 2003 Consolidated Appropriations requires HUD to obligate all Section 811 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. 1551, no funds can be disbursed from this account after September 30, 2011. Under Section 811, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application, you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

V. Application Selection Process

(A) *Review for Curable Deficiencies*. You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD office. HUD will screen all applications received by the deadline to determine if there are any curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of your application. The following is a list of the only deficiencies that will be considered curable in a Section 811 application:

Exhibits

- (1) Form 92016–CA (Application Form)*
- (2) (a) Articles of Incorporation*
- (b) By-laws*
- (c) IRS tax exemption ruling*
- (4) (c)(ii) Energy efficiency
- (d)(vii) Letter from the State Historic Preservation Officer (SHPO)
- (d)(viii) Seek alternate site
- (5) Supportive Services Plan
- (7) Relocation
- (8) (a) Form HUD–424, Application for Federal Assistance
- (b) Standard Form LLL, Disclosure of Lobbying Activities (if applicable)
- (c) Form HUD–424B, Applicant Assurances and Certifications
- (d) Form HUD–2880, Applicant/Recipient Disclosure/Update Report
- (e) Form HUD–2991, Certification of Consistency with Consolidated Plan

(f) Form HUD–92041, Sponsor's Conflict of Interest Resolution

(g) Form HUD–92042, Sponsor's Resolution for Commitment to Project*

(i) Form HUD–2530, Previous Participation Certification

(j) Form HUD–92043, Supportive Services Certification

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and will give you 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (*) must be dated on or before the application deadline date.

(B) *Rating*. HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of the rejection with all the reasons for rejection and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application(s) will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the Section 811 applicant, based on HUD's evaluation of your previous participation activities as reported on Form HUD–2530, Previous Participation Certification, your application will be rated according to the Rating Factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as missing until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) *Ranking and Selection Procedures*. Applications that have a total base score of 75 points or more (without the addition of RC/EC/EZ bonus points) and meet all of the applicable threshold requirements of Section V(B) of the General Section of the SuperNOFA will be eligible for selection and will be placed in rank order. HUD will select applications, after adding any bonus points for RC/EC/EZ, based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's allocation. HUD Program Center Offices will not skip over any applications in order to select one based on the funds

remaining. After making the initial selections, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent, rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

After the HUD Program Center Offices have funded all possible projects based on the process above, residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may not be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any remaining residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than 5 units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application nationwide. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds.

Headquarters may skip over a higher rated application in order to use as much of the available remaining funds as possible.

(D) *Factors For Award Used To Evaluate and Rate Applications.* HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements in Appendix A of this program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two (2) RC/EZ/EC bonus points, as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (30 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e), and 6 of Appendix A to this program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points) The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points) The scope, extent, and quality of your experience in providing housing or related services to minority persons or families.

(b)(ii) (5 points) The scope, extent, and quality of your ties to the community at large and to the minority and disability communities in particular.

For the purpose of this program section of the SuperNOFA, the term "minority" encompasses the basic racial and ethnic categories for federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled "Race and Ethnicity."

To earn the maximum number of points under this subcriteria, you must describe both your relationships over time with the minority community and

significant previous experience in providing housing and/or supportive services to minorities generally and to minority persons with disabilities, in particular. For the purpose of this competition, "significant previous experience" means that the previous housing assistance or related services to minorities, i.e., the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (-2 to -4 points) HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the Section 811 program of Supportive Housing for Persons with Disabilities or the Section 202 program of Supportive Housing for the Elderly has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of delays beyond your control include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a disaster, as declared by the President of the United States.

(d) (-1 point) HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

(e) (5 points) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of this program section of the SuperNOFA. HUD will consider the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of

housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable subsidized housing for persons with disabilities, current occupancy in such housing and recent market experience, comparable subsidized housing for persons with disabilities under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market area. The Department also will review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how the proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this factor, HUD will rate your application as follows:

(a) (12 points) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal, the extent to which you involved persons with disabilities, including minority persons with disabilities in the development of the application and will involve them in the development and operation of the project, and the extent to which you coordinated your application with other organizations, including local independent living centers, with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner.

There must be a clear relationship between the proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2(d), 3(f), 3(j), 4(c), 4(d), and 5 of Appendix A of this program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (10 points) Site approvability—The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125(a), (d), and (e). Sites where amenities are accessible other than by project residence or private vehicle will be rated more favorably;

(a)(ii) (5 points) Site control—If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i)), your application will receive 5 points for site control.

(a)(iii) (-1 point) One or more of your proposed sites is not permissively zoned for the intended use.

(b) (10 points) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minorities and persons with disabilities and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. If appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

—Expanding housing opportunities in non-minority neighborhoods if located in such a neighborhood. ("Nonminority area" is defined as one in which the minority population is lower than 10 percent); or

—Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority persons with disabilities. You should refer to the Site and Neighborhood Standards provisions of the regulations governing

the Section 811 Supportive Housing Program (24 CFR 891.125(b) and (c)) when considering sites for your projects.

(ii) For the purpose of this competition, the term "minority neighborhood (area of minority concentration)" is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market area as a whole; or

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c)(i) (4 points) The extent to which the proposed design of the project (exterior and interior) and its placement in the neighborhood will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible;

(c)(ii) (1 point) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(d) (5 points) At least 51% of your board members are persons with disabilities.

(e) (3 points) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project;

(f) (2 points) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner;

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure other community resources that can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application

Submission Requirements in Exhibits 3(c) and (d) of Appendix A of this program section of the SuperNOFA.

(a) (2 points) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points) The extent of your activities in the community, including previous experience in serving the area where the project is to be located and your demonstrated ability to enlist volunteers and raise local funds.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, economic empowerment, educational opportunities and improved living environments. Finally, this factor addresses the extent to which the long-term viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i), in Appendix A of this program section of the SuperNOFA.

(a) (5 points) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points) The extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, economic empowerment, educational opportunities, and improved living environments (e.g., activities that will improve computer access, literacy and employment opportunities).

(c) (3 points) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low income persons with disabilities for the 40-year capital advance period.

Bonus Points

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) in Appendix A of this program section of the SuperNOFA.

(E) *Applicant Debriefing.* You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of this program section of the SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of this program section of the SuperNOFA (unless you were selected for a Section 811 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibit 2(a), (b), and (c), in Appendix A of this program section of the SuperNOFA, which are the articles of incorporation (or other organizational documents), by-laws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on information submitted.

In addition to this relief of paperwork burden in preparing applications, you are able to use information and exhibits previously prepared for prior applications under Section 811, Section 202, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the

burden of application preparation include, among others, those on previous participation in the Section 202 or Section 811 programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

VIII. Formation of Owner Corporation for Development of Section 811 Projects and for Section 811 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a Section 811 fund reservation under this NOFA has not changed; *i.e.*, all Section 811 Sponsors and Co-Sponsors must be nonprofit organizations. However, the Owner corporation, when later formed by the Sponsor, may be (1) a single-purpose nonprofit organization that has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986, or (2) for purposes of developing a mixed-finance project for developing additional units over and above the Section 811 units, a for-profit limited partnership with the nonprofit entity as the sole general partner.

IX. Authority

Section 811 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), as amended by the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992); the Rescissions Act (Pub. L. 104-19, approved July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569, approved December 27, 2000) and the Fiscal Year 2003 Consolidated Appropriations (Pub. L. 108-7, approved February 20, 2003) authorized a new supportive housing program for persons with disabilities, and replaced assistance for persons with disabilities previously covered by section 202 of the Housing Act of 1959 (section 202 continues, as amended by section 801 of the NAHA, and the HCD Act of 1992, to authorize supportive housing for the elderly).

BILLING CODE 4210-32-P

APPENDIX A

U.S. Department of Housing and Urban Development
Office of the Assistant Secretary for Housing
Federal Housing Commissioner -2003

SECTION 202

SUPPORTIVE HOUSING FOR THE ELDERLY

APPLICATION

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**SECTION 811**

**SUPPORTIVE HOUSING FOR  
PERSONS WITH DISABILITIES**

**APPLICATION**

The public reporting burden for this collection of information is estimated to average 15,960 hours per response for the Section 202 Supportive Housing Program for the Elderly and 10,556 hours per response for the Section 811 Supportive Housing Program for Persons with Disabilities, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0267 for the Section 202 program and OMB Approval No. 2502-0462 for the Section 811 program. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Section 202 Supportive Housing Program for the Elderly and the Section 811 Supportive Housing Program for Persons with Disabilities is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**APPLICATION****SECTION 202 OR SECTION 811**

**INTRODUCTION:** This constitutes the Application to apply for funding under the Section 202 Supportive Housing for the Elderly or the Section 811 Supportive Housing for Persons with Disabilities Capital Advance Program. **You MUST contact the local HUD Office to obtain information about the submission of applications relevant to that Office. (NOTE: Attachment 1 is a list of the local HUD Offices for you to use in determining the appropriate HUD Office to which you should submit your application.)**

You must submit an **original and four (4) copies** of your application in response to a Federal Register Notice of Funding Availability (NOFA). The original and four copies **must be postmarked on or before midnight of June 13, 2003, and received in the local HUD Office within 15 days of the due date.** It is strongly recommended that you submit your application by mail **via the United States Postal Service.** Please refer to the General Section of the SuperNOFA for further instructions regarding application mailing and receipt procedures.

**NOTE: You may apply for a scattered site project in one application.**

**CONTENTS OF APPLICATION:** The Application for a Section 202 or Section 811 Capital Advance consists of four parts with a total of eight Exhibits. Included with the eight Exhibits are prescribed forms, certifications and resolutions. The components of the Application are:

- Part 1 - Application Form for Section 202 or Section 811 Supportive Housing - Capital Advance  
(Exhibit 1)
- Part 2 - Your Ability to Develop and Operate the Proposed Project  
(Exhibits 2 and 3)
- Part 3 - The Need for Supportive Housing for the Target Population in the Area to be Served, Site Control (and/or Identification of Site if 811) and Suitability of Site, Adequacy of the Provision of Supportive Services and of the Proposed Project  
(Exhibits 4 and 5)
- Part 4 - General Application Requirements, Certifications and Resolutions  
(Exhibits 6 through 8)

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: Please submit your application using the attached format, indexed and tabbed accordingly. The Application includes:

1. The Table of Contents which serves as a checklist for you to identify the submission page for the exhibit/portion of the exhibit in the order in which the application is to be assembled.
2. The Rating Factors for rating your application and the criteria necessary to receive bonus points.
3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts 2 and 3 include exhibits related to the rating criteria and bonus points. All required forms are included in the section pertaining to the specific exhibits. **(NOTE: Information relating to the Phase I Environmental Site Assessment, Exhibit 4(d)(vi) must be obtained from the local HUD Office.)**
4. Attachments
  1. Letter Requesting SHPO/THPO Review
  2. Choosing An Environmentally Safe Site (found on [www.hud.gov](http://www.hud.gov))
  3. Supplemental to Choosing An Environmentally Safe Site
5. The Application Evaluation for you to provide HUD with comments and suggestions about the Application.
6. The Acknowledgment of Application Receipt you will receive with the date that HUD received your application and whether or not your application will receive further consideration.

Before preparing your application, you should carefully review the requirements of the Regulations (24 CFR Part 891) and general program instructions in Handbook 4571.3 REV-1, Section 202 Capital Advance Program for Housing the Elderly or Handbook 4571.2, Section 811 Capital Advance Program for Housing Persons with Disabilities. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

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| <b>PART I - APPLICATION FORM FOR SECTION 202 OR SECTION 811<br/>SUPPORTIVE HOUSING - CAPITAL ADVANCE</b>                                   |             |
| <b>EXHIBIT 1:</b> <b>Form HUD-92015-CA, Application for<br/>Section 202 Supportive Housing<br/>Capital Advance, OR</b>                     | _____       |
| <b>Form HUD-92016-CA, Application for<br/>Section 811 Supportive Housing<br/>Capital Advance</b>                                           | _____       |
| <b>PART II - YOUR ABILITY TO DEVELOP AND OPERATE<br/>THE PROPOSED PROJECT</b>                                                              |             |
| <b>EXHIBIT 2:</b> <b>Your Legal Status</b>                                                                                                 |             |
| (a) Articles of Incorporation (or<br>other organizational documents)                                                                       | _____       |
| (b) By-laws                                                                                                                                | _____       |
| (c) IRS Tax Exemption Ruling                                                                                                               | _____       |
| <b>[EXCEPTION: SEE EXHIBIT TO DETERMINE IF YOU<br/>MAY BE EXEMPT FROM SUBMITTING THESE<br/>DOCUMENTS.]</b>                                 |             |
| (d) <b>Section 811 Applicants Only</b> - the<br>number of people on your board and<br>the number of board members who have<br>disabilities | _____       |
| <b>EXHIBIT 3:</b> <b>Your purpose, community ties<br/>and experience:</b>                                                                  |             |
| (a) Purpose(s), current activities,<br>how long you have been in existence                                                                 | _____       |
| (b) Ties to the community at large,<br>to the target population, and<br>description of geographic areas<br>served                          | _____       |
| (c) Local government support for project                                                                                                   | _____       |

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- |     |                                                                                      |       |
|-----|--------------------------------------------------------------------------------------|-------|
| (d) | Letters of support for your organization and for the proposed project                | _____ |
| (e) | Housing and/or supportive services experience                                        | _____ |
| (f) | Efforts to involve target population                                                 | _____ |
| (g) | Description of practical solutions to be implemented                                 | _____ |
| (h) | Project Development Timeline                                                         | _____ |
| (i) | Description of how project will remain viable                                        | _____ |
| (j) | <b>For Section 811 only,</b><br>Identification/coordination with other organizations | _____ |

**PART III - THE NEED FOR SUPPORTIVE HOUSING FOR THE TARGET POPULATION IN THE AREA TO BE SERVED, SITE CONTROL (AND/OR IDENTIFICATION OF SITE IF 811) AND SUITABILITY OF SITE, ADEQUACY OF THE PROVISION OF SUPPORTIVE SERVICES AND OF THE PROPOSED PROJECT**

**EXHIBIT 4: Project information including:**

- |       |                                                                                                              |       |
|-------|--------------------------------------------------------------------------------------------------------------|-------|
| (a)   | Evidence of need for project                                                                                 | _____ |
| (b)   | How project will benefit target population and community                                                     | _____ |
| (c)   | A narrative description of the project, including:                                                           |       |
| (i)   | Building design                                                                                              | _____ |
| (ii)  | Whether and how project will promote energy efficiency                                                       | _____ |
| (iii) | If applicable, description of plans and actions to create a mixed-finance project                            | _____ |
| (d)   | Evidence of site control and permissive zoning, <b>OR</b> identification of site if applying for Section 811 |       |

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without having site control (in this latter case skip to **Identification of Site** below):

**Evidence of Site Control**

- |                                                     |                                                                                                                                                                |       |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| (i)                                                 | Site control document(s)                                                                                                                                       | _____ |
| (ii)                                                | Evidence site is free of limitations, restrictions, or reverters                                                                                               | _____ |
| (iii)                                               | Evidence of permissive zoning or statement of proposed action required to make project permissible                                                             | _____ |
| (iv)                                                | Narrative topographical/demographic description of site/area suitability, how site will promote greater housing opportunities for minorities/target population | _____ |
| (v)                                                 | Racial composition/concentration map of site                                                                                                                   | _____ |
| (vi)                                                | Phase I Environmental Site Assessment                                                                                                                          | _____ |
| (vii)                                               | Letter to State/Tribal Historic Preservation Office (SHPO/THPO)                                                                                                | _____ |
|                                                     | Response from SHPO/THPO                                                                                                                                        | _____ |
| <b>NOTE: (viii) through (xiv) apply to 811 Only</b> |                                                                                                                                                                |       |
| (viii)                                              | Willingness to seek an alternate site                                                                                                                          | _____ |
| (ix)                                                | Request for exception to project size limits (if applicable) - why site was selected and: (ILP with site control only)                                         |       |
| (A)                                                 | Preference/acceptance of people with disabilities to live in proposed housing                                                                                  | _____ |

- (B) Increased number of people warranted by market conditions in area \_\_\_\_\_
- (C) Compatibility of project with other residential development and population density of the area \_\_\_\_\_
- (D) Increased number of people will not prohibit successful integration into the community \_\_\_\_\_
- (E) Marketability of project in the community \_\_\_\_\_
- (F) Project size consistent with State and/or local policies governing similar housing \_\_\_\_\_
- (G) Willingness to have application processed at project size limit \_\_\_\_\_

**Identification of a Site (811 only):**

- (x) Location of site \_\_\_\_\_
- (xi) Steps undertaken to identify site; what must be done to obtain site control \_\_\_\_\_
- (xii) Whether site is properly zoned \_\_\_\_\_
- (xiii) Status of the sale of the site \_\_\_\_\_
- (xiv) Whether the site would involve relocation \_\_\_\_\_

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**EXHIBIT 5: Supportive Services Plan**

- 202** Provision of supportive services:
- (a) Description of services \_\_\_\_\_
  - (b) Public/private funding sources for proposed services \_\_\_\_\_
  - (c) Manner in which services will be provided \_\_\_\_\_

OR

- 811**
- (a) Description of occupancy \_\_\_\_\_
  - (b) Request for approval to limit occupancy, if applicable, including:
    - (i) Description of population to which occupancy will be limited \_\_\_\_\_
    - (ii) Why it is necessary to limit occupancy, including:
      - (A) How goals of 811 will still be achieved \_\_\_\_\_
      - (B) Why housing and services needs cannot be met in more integrated setting \_\_\_\_\_
    - (iii) Experience in providing housing and/or supportive services to proposed population \_\_\_\_\_
    - (iv) How you will ensure occupants will be integrated into neighborhood and community \_\_\_\_\_
  - (c) Supportive services needs of proposed population \_\_\_\_\_

|                                                                                                                                                                                                     | <b>PAGE</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| (d) List of community service providers with letters of intent                                                                                                                                      | _____       |
| (e) Evidence of each service provider's capability and experience                                                                                                                                   | _____       |
| (f) Extent of State and local agency involvement in project                                                                                                                                         | _____       |
| (g) Letter indicating your commitment to make services available or coordinate their availability                                                                                                   | _____       |
| (h) How residents will be afforded employment opportunities                                                                                                                                         | _____       |
| (i) Whether project will include manager's unit                                                                                                                                                     | _____       |
| (j) Statement that you will not condition occupancy on the resident's acceptance of supportive services                                                                                             | _____       |
| <br><b>PART IV - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS AND RESOLUTIONS</b>                                                                                                               |             |
| <b>EXHIBIT 6:</b>                                                                                                                                                                                   |             |
| <b>A list of applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA, and required information about each</b> | _____       |
| <br><b>EXHIBIT 7:</b>                                                                                                                                                                               |             |
| <b>A statement that:</b>                                                                                                                                                                            |             |
| (a) Identifies all persons occupying property on application submission date                                                                                                                        | _____       |
| (b) Indicates estimated cost of relocation payments/other services                                                                                                                                  | _____       |
| (c) Identifies staff organization that will carry out relocation activities                                                                                                                         | _____       |

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- (d) Identifies all persons who have moved from site within past 12 months \_\_\_\_\_

**NOTE:** Applies to all Section 202 applications and Section 811 applications with site control only

**EXHIBIT 8: CERTIFICATIONS AND RESOLUTIONS:**

- (a) Form HUD-424 \_\_\_\_\_
- (b) Standard Form LLL, Disclosure of Lobbying Activities, if applicable \_\_\_\_\_
- (c) Form HUD-424B, Applicant Assurances and Certifications \_\_\_\_\_
- (d) Applicant/Recipient Disclosure/Update Report (HUD-2880) \_\_\_\_\_
- (e) Certification of Consistency with the Consolidated Plan (HUD-2991) \_\_\_\_\_
- (f) Sponsor's Conflict of Interest Resolution (HUD-92041) \_\_\_\_\_
- (g) Sponsor's Resolution for Commitment to Project (HUD-92042) \_\_\_\_\_
- (h) Certification of Consistency with the RC/EZ/EC Strategic Plan (HUD-2990) \_\_\_\_\_
- (i) Form HUD-2530, Previous Participation Certificate \_\_\_\_\_

**Section 811 ONLY - Also submit the following:**

- (j) Supportive Services Certification (HUD-92043) \_\_\_\_\_



**RATING FACTORS AND BONUS POINTS**

Below are the Rating Factors and Bonus Points and the corresponding application Exhibits that will be reviewed to determine the ratings and the eligibility for bonus points:

**1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF**  
(Exhibit References: Exhibits 2, 3(a), 3(b), 3(e), and 5)

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following: **(25 points for 202, 30 points for 811)**

- (a) The scope, extent and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability. **(15 points)**
- (b) (i) The scope, extent and quality of your experience in providing housing or related services to minority persons or families. **(5 points)**
  - (ii) The scope, extent and quality of your ties to the community at large and to the minority and elderly (202) disability (811) communities in particular. **(5 points)**
- (c) A fund reservation you received under either the Section 202 program of Supportive Housing for the Elderly or the Section 811 program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months **(-2 points)**, 36 months **(-3 points)**, or 48 months **(-4 points)** (except if the delay was beyond your control).
- (d) Amendment money was required as a result of the delay in (c) above (except if the delay was beyond your control). **(-1 point)**
- (e) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model. **(Section 811 only)**  
**(5 points)**

**2. NEED/EXTENT OF THE PROBLEM**

(Exhibit References: Exhibits 4(a) and 4(b))

In determining the extent to which there is a need for funding the proposed supportive housing project to address a documented problem in the target area, HUD will consider the extent of the need for the project in the area based on a determination by the HUD Office. This determination will be made by considering your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. HUD will also view more favorably those applications which establish a connection between the proposed project and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(15 points)**

(a) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration your evidence of need in the area, as well as other economic, demographic and housing market data available to HUD. **(12 points)**

(b) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(3 points)**

**3. SOUNDNESS OF APPROACH**

(Exhibit References: Exhibits 2(d) (811 only), 4(c), 4(d), and 5)

In determining the quality and effectiveness of the project as well as the relationship between the project, the community's needs and purposes of the program funding, HUD will consider: **(45 points for 202, 40 points for 811)**

**Section 202**

(a)(i) The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants, adequacy of utilities and streets, freedom of the site from adverse environmental conditions, and compliance with site and neighborhood standards. **(15 points)**

- (ii) The proposed site is not permissively zoned for the intended use. **(-1 point)**
- (b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families and affirmatively furthering fair housing. **(10 points)**
- (c) The extent to which the proposed design will meet the special physical needs of elderly persons the housing is expected to serve. **(4 points)**
- (d) The extent to which the proposed site and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion. **(3 points)**
- (e) The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is expected to serve. **(3 points)**
- (f) The extent to which the proposed supportive services meet the identified needs of the anticipated residents. **(3 points)**
- (g) The extent to which you demonstrated that the identified supportive services will be provided on a consistent, long-term basis. **(3 points)**
- (h) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project. **(1 point)**
- (i) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly minority elderly persons in the development and operation of the project. **(3 points)**

### **Section 811**

- (a)(i) Site approvability - The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from

adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125 (a), (d), and (e). Sites where amenities are accessible other than solely by project residence or private vehicle will be rated more favorably.  
**(10 points)**

- (ii) Site control - If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i) above), your application will receive 5 points for site control. **(5 or 0 points)**
- (iii) One or more of your proposed sites is not permissively zoned for the intended use. **(-1 point)**
- (b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority persons with disabilities and affirmatively furthering fair housing. **(10 points)**
- (c)(i) The extent to which the proposed design of the project (exterior and interior), and its placement in the neighborhood, will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible. **(4 points)**
- (ii) The proposed design incorporates visitability standards and universal design. **(1 point)**
- (d) At least fifty-one percent of your board is comprised of persons with disabilities. **(5 or 0 points)**
- (e) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project. **(3 points)**
- (f) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner. **(2 points)**

**4. LEVERAGING RESOURCES**

(Exhibit References: Exhibits 3(a), 3(b), 3(c), 3(d) and 3(e))

In determining your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes, HUD will consider: **(5 points)**

- (a) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project. **(2 points)**
- (b) The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds. **(3 points)**

**5. ACHIEVING RESULTS AND PROGRAM EVALUATION**

(Exhibit References: Exhibits, 3(g), 3(h) and 3(i))

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. In addition, this factor addresses the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, educational opportunities, economic empowerment (811 only), and improved living environments. Finally, in determining the above as well as how the long-term viability of your project will be sustained over the 40 year capital advance period and whether your project will provide activities to support HUD's FY 2003 SuperNOFA Policy Priorities (811 only) HUD will consider: **(10 points)**

- (a) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project. **(5 points)**
- (b) The extent to which your project will implement practical solutions that will result in assisting residents to achieve independent living, educational opportunities, economic empowerment (**811 only**) and improved living environments (e.g., activities that

will improve computer access, literacy and employment opportunities **(811 only)**. **(2 points)**

- (c) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. **(3 points)**

**BONUS POINTS (2 bonus pts)**

(Exhibit References: Exhibits 1 and 8(h))

Location of proposed site in a high performing Federally designated RC/EZ/EC community that will serve residents of the RC/EZ/EC and is consistent with the strategic plan of the RC/EZ/EC.

**PART I**

**APPLICATION FOR SECTION 202 SUPPORTIVE  
HOUSING - CAPITAL ADVANCE  
(FORM HUD-92015-CA)**

**OR**

**APPLICATION FOR SECTION 811 SUPPORTIVE  
HOUSING - CAPITAL ADVANCE  
(FORM HUD-92016-CA)**



**EXHIBIT 1**

Supportive Housing for the Elderly Section 202  
**Application for Capital Advance  
 Summary Information**

U.S. Department of Housing  
 and Urban Development  
 Office of Housing  
 Federal Housing Commissioner

OMB Approval No. 2502-0267  
 (exp. 7/31/2002)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HUD Use Only</b>                                                                                                                                                                                                                                                                                                                                                                             | 202 Project Number                                                                                                                                                                                                | PRAC Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. Sponsor's Name(s), Address(es) & Telephone Number (s)                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | 2. Minority Sponsor Designation. A minority sponsor is one in which at least 51 percent of the board members are minority.<br>Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes," place the numeric code as shown below in this box <input style="width:30px;" type="text"/><br>Codes: 2 - Black; 3 - Native American; 4 - Hispanic; 5 - Asian Pacific; 6 - Asian Indian                                                     |
| 1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   | 3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community? (Contact local HUD Office for information on these designated areas.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please place the appropriate number as shown above in this box <input style="width:30px;" type="text"/> |
| 3a. Address of Site                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4a. Congressional District                                                                                                                                                                                                                                                                                                                                                                      | 5. Type of Area<br><input type="checkbox"/> Metropolitan<br><input type="checkbox"/> Non-metropolitan                                                                                                             | 6. Capital Advance Amount Requested \$                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4b. Census Tract                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                   | 7. Project Rental Assistance Contract Amount Requested \$                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8. Total No. of 202 Units                                                                                                                                                                                                                                                                                                                                                                       | 8a. Number & Type of Resident Units Proposed<br><input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom                                                                                          | 8b. Resident Manager's Unit (check appropriate type)<br><input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom <input type="checkbox"/> Two bedroom                                                                                                                                                                                                                                                                                                                    |
| 9. Number of Buildings                                                                                                                                                                                                                                                                                                                                                                          | 10. Type of Project<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Rehabilitation<br><input type="checkbox"/> Acquisition<br>Year Built (yyyy) <input style="width:40px;" type="text"/> | 11. Type of Building(s)<br><input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Semi-detached<br><input type="checkbox"/> Walk-up <input type="checkbox"/> Detached<br><input type="checkbox"/> Elevator                                                                                                                                                                                                                                                                      |
| 12. Number of Stories                                                                                                                                                                                                                                                                                                                                                                           | 13. Number of Parking Spaces                                                                                                                                                                                      | 14. Check utilities and services not included in the rent and to be paid directly by the tenant.<br><input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Gas                                                                                                                                                                                                                                                          |
| 15. Off-Site Facilities<br>Public At Site Feet from Site<br>Water <input type="checkbox"/> <input type="checkbox"/> _____<br>Sewer <input type="checkbox"/> <input type="checkbox"/> _____<br>Paving <input type="checkbox"/> <input type="checkbox"/> _____<br>Gas <input type="checkbox"/> <input type="checkbox"/> _____<br>Electric <input type="checkbox"/> <input type="checkbox"/> _____ |                                                                                                                                                                                                                   | 16a. Community Spaces to be included in Project                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   | 16b. Mixed-Finance or Mixed-Use Project For Additional Units<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>No. of Additional Units _____                                                                                                                                                                                                                                                                                                                                |
| 17. Unusual Site Features<br><input type="checkbox"/> None <input type="checkbox"/> Poor Drainage<br><input type="checkbox"/> Cuts <input type="checkbox"/> Retaining Walls<br><input type="checkbox"/> Fill <input type="checkbox"/> Rock Foundations<br><input type="checkbox"/> Erosion <input type="checkbox"/> High Water Table<br><input type="checkbox"/> Other (specify) _____          |                                                                                                                                                                                                                   | 18. Mark one box<br><input type="checkbox"/> Consultant<br><input type="checkbox"/> Agent<br><input type="checkbox"/> Authorized Representative<br>Name, Address & Telephone Number                                                                                                                                                                                                                                                                                                      |
| 19. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.<br>Program Name _____ Form _____                                                                                                                                                                                                         |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 20. Sponsor's Attorney (name, address & telephone number)                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   | By (Signature of Sponsor's Authorized Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   | Type in Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   | Type in Title _____ Date (mm/dd/yyyy) _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Previous editions are obsolete

form HUD-92015-CA (04/2002)  
 ref: Handbook 4571.3 Rev-1



**EXHIBIT 1**

Supportive Housing for Persons with Disabilities  
Section 811

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0462  
(exp.6/30/2002)

**Application for Capital Advance  
Summary Information**

|                         |                    |             |
|-------------------------|--------------------|-------------|
| <b>For HUD Use Only</b> | HUD Project Number | PRAC Number |
|-------------------------|--------------------|-------------|

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name(s), Address(es), Contact Person, and Telephone Number(s) of Sponsor(s)                      | 2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority.<br>Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes," identify by numeric code as shown below ..... <input type="checkbox"/><br>Codes: 2 - Black; 3 - Native American<br>4 - Hispanic; 5 - Asian Pacific 6 - Asian Indian |
| 1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3a. Location of Site (city & State) | 3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community?<br>(Contact local HUD Office for information on these designated areas.)<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please indicate appropriate number as shown above. <input type="checkbox"/> |
| 4a. Congressional District          | 5. Capital Advance Amount Requested \$                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4b. Census Tract                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Project Rental Assistance Contract Amount Requested \$                                                                                                                                                                                                                    | 7. Application Contains<br><input type="checkbox"/> Evidence of Site Control<br><input type="checkbox"/> Identification of Site | 9a. Occupancy Type<br><input type="checkbox"/> Physically Disabled<br><input type="checkbox"/> Developmentally Disabled<br><input type="checkbox"/> Chronically Mentally Ill<br><input type="checkbox"/> Mixed Occupancy<br>Identify Categories _____ | 9b. Restricted Occupancy Requested<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If "Yes," identify subcategory _____ |
| Note: For a group home(s) in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Resident Manager unit, if applicable, in the "Total Units" category. |                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                           |
| 8. Type of Construction<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Rehabilitation<br><input type="checkbox"/> Acquisition                                                                                                                      |                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                                                                                                           |

10. Project Type & Number of Units/Residents Proposed

a. Group Home

| Site | No. of Disabled Residents | Resident Mgr. Unit (Y/N) | Address |
|------|---------------------------|--------------------------|---------|
| #1   |                           |                          |         |
| #2   |                           |                          |         |
| #3   |                           |                          |         |
| #4   |                           |                          |         |

b. Independent Living Project

| Site | Units by No. of Bedrooms |   |   |   | Total Disabled |           | Resident Mgr. Unit (Y/N) | Total Units | Address |
|------|--------------------------|---|---|---|----------------|-----------|--------------------------|-------------|---------|
|      | 0                        | 1 | 2 | 3 | Units          | Residents |                          |             |         |
| #1   |                          |   |   |   |                |           |                          |             |         |
| #2   |                          |   |   |   |                |           |                          |             |         |
| #3   |                          |   |   |   |                |           |                          |             |         |
| #4   |                          |   |   |   |                |           |                          |             |         |

c. Condominium

| Site | Units by No. of Bedrooms |   |   |   | Total Disabled |           | Resident Mgr. Unit (Y/N) | Total Units | Address |
|------|--------------------------|---|---|---|----------------|-----------|--------------------------|-------------|---------|
|      | 0                        | 1 | 2 | 3 | Units          | Residents |                          |             |         |
| #1   |                          |   |   |   |                |           |                          |             |         |
| #2   |                          |   |   |   |                |           |                          |             |         |
| #3   |                          |   |   |   |                |           |                          |             |         |
| #4   |                          |   |   |   |                |           |                          |             |         |

Note: If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.

**Totals**

|                     |                                                                                                                     |                  |       |
|---------------------|---------------------------------------------------------------------------------------------------------------------|------------------|-------|
| Units (Section 811) |                                                                                                                     |                  |       |
| Disabled Residents  |                                                                                                                     |                  |       |
| Sites               | Mixed Finance or Mixed Use Project for Additional Units<br><input type="checkbox"/> Yes <input type="checkbox"/> No | # of Add'l Units | _____ |

| <p>11. Check utilities and services not included in the rent and to be paid directly by the tenant:</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Heat</p> <p><input type="checkbox"/> Gas</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>12. Unusual Site Features</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Poor Drainage</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> Cuts</td> <td><input type="checkbox"/> Retaining Walls</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fill</td> <td><input type="checkbox"/> Rock Foundations</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Erosion</td> <td><input type="checkbox"/> High Water Table</td> <td></td> </tr> </table> | <input type="checkbox"/> None            | <input type="checkbox"/> Poor Drainage | <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Cuts | <input type="checkbox"/> Retaining Walls |                          | <input type="checkbox"/> Fill | <input type="checkbox"/> Rock Foundations |                          | <input type="checkbox"/> Erosion | <input type="checkbox"/> High Water Table |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|------------------------------------------|-------------------------------|------------------------------------------|--------------------------|-------------------------------|-------------------------------------------|--------------------------|----------------------------------|-------------------------------------------|--------|--------------------------|--------------------------|-------|-----|--------------------------|--------------------------|-------|----------|--------------------------|--------------------------|-------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Poor Drainage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Other (specify) |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <input type="checkbox"/> Cuts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Retaining Walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <input type="checkbox"/> Fill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Rock Foundations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <input type="checkbox"/> Erosion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> High Water Table                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <p>13. Off-Site Facilities:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Public</th> <th style="text-align: center;">At Site</th> <th style="text-align: center;">Ft. from Site</th> </tr> </thead> <tbody> <tr> <td>Water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sewer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Paving</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Electric</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Public                                   | At Site                                | Ft. from Site                            | Water                         | <input type="checkbox"/>                 | <input type="checkbox"/> | _____                         | Sewer                                     | <input type="checkbox"/> | <input type="checkbox"/>         | _____                                     | Paving | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Gas | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Electric | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <p>14. Community Spaces to be Included in Project; (identified by site no. indicated in 10 above):</p><br><br><br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | At Site                                  | Ft. from Site                          |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Sewer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Paving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Electric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |

15. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.

|              |      |
|--------------|------|
| Program Name | Form |
|--------------|------|

16. Name, Address and Telephone Number of (mark one box)

- Consultant
- Agent
- Authorized Representative

17. Sponsor's Attorney (name, address and telephone number)

By (signature of sponsor's authorized representative)

\_\_\_\_\_  
Type in Name

\_\_\_\_\_  
Title

Public reporting burden for this collection of information is estimated to average 46 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is in support of HUD's efforts to expand the supply of Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD to determine applicant eligibility and ability to develop housing for disabled with statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste or mismanagement of public funds. This application does not collect any sensitive information. HUD does not ensure confidentiality.

**PART II**

**YOUR ABILITY TO DEVELOP AND  
OPERATE THE PROPOSED PROJECT**



**EXHIBIT 2 - Evidence of your legal status** (Private Nonprofit or Nonprofit Consumer Cooperative if applying for Section 202 or Nonprofit with 501(c)(3) IRS tax exemption if applying for Section 811) (If another organization(s) is co-sponsoring the application with you, each Co-Sponsor must also submit the following):

- (a) Articles of Incorporation, constitution, or other organizational documents
- (b) By-laws
- (c) IRS tax exemption ruling (this must be submitted by all Sponsors, including churches)

[EXCEPTION: IF YOU RECEIVED A SECTION 202 (IF APPLYING FOR SECTION 202) OR SECTION 811 (IF APPLYING FOR SECTION 811) FUND RESERVATION WITHIN THE LAST THREE FUNDING CYCLES, YOU ARE NOT REQUIRED TO SUBMIT THE DOCUMENTS DESCRIBED IN (a), (b), and (c) ABOVE. INSTEAD, SUBMIT THE PROJECT NUMBER OF THE LATEST APPLICATION AND THE HUD OFFICE TO WHICH IT WAS SUBMITTED. IF THERE HAVE BEEN ANY MODIFICATIONS OR ADDITIONS TO THE SUBJECT DOCUMENTS, INDICATE SUCH, AND SUBMIT THE NEW MATERIAL.]

- (d) **Section 811 Applicants Only** - The number of people on your board and the number of board members who have disabilities



**EXHIBIT 3 - Your purpose, community ties and experience:**

- (a) A description of your purpose(s), current activities, and how long you have been in existence.
- (b) A description of your ties to the community in which your project will be located and to the minority and elderly (202) or disability (811) communities in particular, including a description of the specific geographic area(s) in which you have served.
- (c) A description of local government support for the project (including financial assistance, donation of land, provision of services, etc.).
- (d) Letters of support for your organization and for the proposed project from organizations familiar with the housing and supportive services needs of the target population (elderly (202) or persons with disabilities ((811) e.g., the local center for independent living, the Statewide Independent Living Council) that you expect to serve in the proposed project.
- (e) A description of your housing and/or supportive services experience. The description should include any rental housing projects (including any integrated housing developments if applying for Section 811) and/or supportive services facilities that you sponsored, own and/or operate, your past or current involvement in any programs other than housing that demonstrates your management capabilities (including financial management) and experience, your experience in serving the target population (the elderly, including elderly persons with disabilities, and/or families and minorities (202), or persons with disabilities and minorities (811)); and the reasons for receiving any increases in fund reservations for developing and/or operating previously funded Section 202 or Section 811 projects.

The description should include data on the facilities and services provided, the racial/ethnic composition of the populations served, if available, and information and

**(EXHIBIT 3 Cont'd)**

testimonials from residents or community leaders on the quality of the activities. Examples of activities that could be described include housing counseling, nutrition and food services, special housing referral, screening and information projects.

- (f) A description of your efforts to involve members of the target population (elderly persons, including minority elderly persons (202), or person with disabilities including minority persons with disabilities and persons with disabilities similar to those of the prospective residents (811)) in the development of the application as well as your intent to involve the target population in the development and operation of the project.

(g) **202**

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include any activities that will enhance the quality of life for the residents. And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

**811**

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living and economic empowerment. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include the activities you will undertake to improve computer access, literacy and employment opportunities (e.g., provide programs that can teach residents how to use computers to become educated as well as

**(EXHIBIT 3 Cont'd)**

achieve economic self-sufficiency through job training and placement). And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

- (h) Describe your plan for completing the proposed project. Include a project development timeline which lists the major development stages for the project with associated dates that must be met in order to get the project to initial closing and start of construction within the 18-month fund reservation period as well as the full completion of the project, including final closing.
- (i) Describe how you will ensure that your proposed project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. This description should address the measures you would take should any of the following occur:
  - (i) funding for any of the needed supportive services becomes depleted;
  - (ii) if, for any state funded services for your project, the state changes its policy regarding the provision of supportive services to projects such as the one you propose; or
  - (iii) if the need for housing for the population you will be serving wanes over time, causing vacancies in your project.
- (j) A description of the steps you took to coordinate your application with other organizations (e.g., the local center for independent living) that will not be directly involved in your project but with which you share common goals and objectives, to complement and/or support the proposed project so that the project will provide a comprehensive and holistic solution to the needs of persons with disabilities. **(811 Only)**



**PART III**

**THE NEED FOR SUPPORTIVE HOUSING FOR THE  
TARGET POPULATION, SITE  
CONTROL (AND/OR IDENTIFICATION OF SITE IF  
811) AND SUITABILITY OF SITE**

**ADEQUACY OF THE PROVISION OF SUPPORTIVE  
SERVICES AND OF THE PROPOSED PROJECT**



**EXHIBIT 4 - Need and Project Information**

- (a) Evidence of need for supportive housing.

**202**

Include a description of the category or categories of elderly persons the housing is intended to serve and evidence demonstrating sustained effective demand for supportive housing for that population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing Federally assisted housing for the elderly (HUD and the Rural Housing Service (RHS)) e.g., public housing), State or local data on the limitations in activities of daily living among the elderly in the area; aging in place in existing assisted rentals; trends in demographic changes in elderly population and households; the numbers of income eligible elderly households by size, tenure and housing condition; the types of supportive services arrangements currently available in the area; and the use of such services as evidenced by data from local social service agencies or agencies on aging. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

**811**

Include a description of the proposed population and evidence demonstrating sustained effective demand for supportive housing for the proposed population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing comparable subsidized housing for persons with disabilities, State or local needs assessments of persons with disabilities in the area, the types of supportive services arrangements currently available in the area, and the use of such services as evidenced by data from local social service agencies. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

**(EXHIBIT 4 Cont'd)**

(b) A description of how the proposed project will benefit the target population and the community in which it will be located.

(c) Description of the project.

(i) **202**

Narrative description of the building design including a description of the number of units with bedroom distribution, any special design features including any features that incorporate visitability standards and universal design, amenities, and/or community space, and how this design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over the next 10-20 years.

**811**

Narrative description of the building(s) including the number and type of structure(s), number of units with bedroom distribution if independent living units (including dwelling units in multifamily housing developments, condominiums and cooperatives), number of bedrooms if group home, number of residents with disabilities, and any resident manager per structure; identification of all community spaces, amenities or features planned for the housing and a description of how the spaces, amenities, or features will be used, and the extent to which they are necessary to accommodate the needs of the proposed residents. A narrative description of the building design (both interior and exterior), including any special design features, as well as any features that incorporate visitability standards and universal design. Also include a description of how the design of the proposed project will facilitate the integration of the residents into the surrounding community and promote

**(EXHIBIT 4 Cont'd)**

the ability of the residents to live as independently as possible.

**NOTE: (202 and 811)** If the community spaces, amenities, or features do not comply with the project design and cost standards of 24 CFR 891.120 and the special project standards of 24 CFR 891.210 (202) or 891.310 (811), you must demonstrate your ability and willingness to contribute both the incremental development cost and continuing operating cost associated with the community spaces, amenities, or features;

- (ii) Describe whether and how the project will promote energy efficiency, including any plans to incorporate energy efficiency features in the operation of the project through the use of Energy Star labeled products and appliances and, if applicable, innovative construction or rehabilitation methods or technologies to be used that will promote efficient construction.
- (iii) For site control applications, if applicable, a description of any plans and actions you have taken to create a mixed-finance project by developing additional units (i.e., in addition to the 202 or 811 units, whichever is applicable) with the use of 202 or 811 capital advance funds, whichever is applicable, in combination with other funding sources. Provide copies of any letters you have sent seeking outside funding for the non-202 or non-811 units and any responses thereto. You must also demonstrate your ability to proceed with the development of a 202 or 811 project that will not involve mixed-financing, as proposed in your application, in the event you are later unable to obtain the necessary outside funding or HUD disapproves your proposal for a mixed-finance project.

**(EXHIBIT 4 Cont'd)**

**NOTES:** 1) Approval of the Section 202 or Section 811 capital advance will not necessarily be approval of the mixed-finance proposal. If approved for a reservation of capital advance funds, you will be required to submit, after reservation of capital advance funds, a detailed proposal outlining how you will fund both development and operation of the additional units in accordance with HUD instructions that will be issued later. Based on the strength of your organization and HUD's prior experience with your projects, as well as your outline of your intentions, at the time of making the fund reservation, HUD will determine whether you will be permitted to submit a mixed-finance proposal at a later time. Only those Sponsors that indicate in their application for a fund reservation an intention to propose additional units will be eligible to submit, at a later time, a mixed-finance proposal for additional units. (A mixed-finance project does not include the development of Section 202 or Section 811 units using secondary/supplementary financing or the development of a mixed-use project in which the Section 202 or Section 811 units are mortgaged separately from the other uses of the structure). 2) For a Section 811 mixed-finance project, the additional units cannot cause the project to exceed the project size limit for the type of project proposed, unless the additional units will house people who do not have a disability.

- (d) Evidence of site control and permissive zoning.

**NOTE:** If you are applying for Section 811 without control of any or all of your proposed sites, you must provide the information under **Identification of a Site** below for any site you are submitting without evidence of control of that site.

**(EXHIBIT 4 Cont'd)**

- (i) Acceptable evidence of site control is limited to any one of the following:
- (A) Deed or long-term leasehold which evidences that you have title to or a leasehold interest in the site. If a leasehold, the term of the lease must be at least 75 years;
  - (B) Contract of sale for the site which is free of any limitations affecting ability to deliver ownership to you after you receive and accept a notice of Section 202 or Section 811 capital advance. (The only condition for closing on the sale can be your receipt and acceptance of the capital advance.) The contract of sale cannot require closing earlier than the Section 202 or Section 811 closing (whichever is applicable);
  - (C) Option to purchase or for a long-term leasehold which must remain in effect for six months from the date on which the applications are due, must state a firm price binding on the seller, and be renewable at the end of the six month option period. The only condition on which the option may be terminated is if you are not awarded a fund reservation;
  - (D) If the site is covered by a mortgage under a HUD program, (e.g., a previously funded Section 202 or Section 811 project or an FHA-insured mortgage) you must submit evidence that consent to release of the site from the mortgage has been obtained or is being requested from HUD and from the mortgagee, if other than HUD; or

**(EXHIBIT 4 Cont'd)**

- (E) For sites to be acquired from a public body, evidence is needed that the public body possesses clear title to the site and has entered into a legally binding agreement to lease or convey the site to you after you receive and accept a notice of Section 202 or Section 811 capital advance. Where HUD determines that time constraints of the funding round will not permit you to obtain all of the required official actions (e.g., approval of Community Planning Boards) that are necessary to convey publicly-owned sites, you may include in your application a letter from the mayor or director of the appropriate local agency indicating that conveyance or leasing of the site is acceptable without imposition of additional covenants or restrictions, and only contingent on the necessary approval action. Such a letter of commitment will be considered sufficient evidence of site control.
- (ii) Whether you have title to the site, a contract of sale, an option to purchase, or are acquiring a site from a public body, you must provide evidence (a title policy or other acceptable evidence) that the site is free of any limitations, restrictions, or reverters which could adversely affect the use of the site for the proposed project for the 40-year capital advance period under HUD's regulations and requirements (e.g., reversion to seller if title is transferred). If the title evidence contains restrictions or covenants, copies of the restrictions or covenants must be submitted with the application. If the site is subject to any such limitations, restrictions, or reverters, the application will be rejected if it's a 202 or the site will be rejected if

**(EXHIBIT 4 Cont'd)**

it is an 811. Purchase money mortgages that will be satisfied from capital advance funds are not considered to be limitations or restrictions that would adversely affect the use of the site. If the contract of sale or option agreement contains provisions that allow a Sponsor not to purchase the property for reasons such as environmental problems, failure of the site to pass inspection, or the appraisal is less than the purchase price, then such provisions are not objectionable and a Sponsor is allowed to terminate the contract of sale or the option agreement.

**NOTE:** A proposed project site may not be acquired or optioned from a general contractor (or its affiliate) that will construct the Section 202 or Section 811 project or from any other development team member.

(iii) Evidence that the project as proposed is permissible under applicable zoning ordinances or regulations or a statement of the proposed action required to make the proposed project permissible and the basis for the belief that the proposed action will be completed successfully before the submission of the firm commitment application (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.).

**NOTE:** If applying for Section 811, you should be aware that under certain circumstances the Fair Housing Act requires localities to make reasonable accommodations to their zoning ordinances or regulations to offer persons with disabilities an opportunity

**(EXHIBIT 4 Cont'd)**

to live in an area of their choice. If you are relying upon a theory of reasonable accommodation to satisfy the zoning requirement, then you must clearly articulate the basis for your reasonable accommodation theory.

- (iv) Narrative topographical and demographic description of the suitability of the site and area (as well as a description of the characteristics of the neighborhood (811 only)), how the site will promote greater housing opportunities for minority elderly and elderly persons with disabilities (202) or minority persons with disabilities (811), thereby affirmatively furthering fair housing.

**NOTE:** You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the applicable jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice, which is a component of the jurisdiction's Consolidated Plan or any other planning document that addresses fair housing issues. The applicable Consolidated Plan and AI may be the Community's, the County's, or the State's, to which input should have been provided by local community organizations, agencies in the community and residents of the community. Alternatively, a document that addresses fair housing issues and remedies to barriers to fair housing in the community that was previously prepared by a local planning, or similar organization, may be used. For **Section 202**, applicable impediments could include the need for improved housing quality and services for elderly minority families, lack of affirmative marketing and outreach to minority elderly persons, and the need for

**(EXHIBIT 4 Cont'd)**

quality eldercare services within areas of minority concentration when compared with the type and quality of similar services and housing in nonminority areas. For **Section 811**, applicable impediments could include a lack of units that are accessible to persons with disabilities, a lack of transportation services or other assistance that would serve persons with disabilities, or the need for improved quality and services for all persons with disabilities.

- (v) A map showing the location of the site, the racial composition of the neighborhood, and any areas of racial concentration.

**NOTE:** For this competition, when determining the racial and ethnic composition of the neighborhood surrounding the proposed site, you should use the racial and ethnic data categories stated in the general Section of the SuperNOFA in the section entitled "Race and Ethnicity", and data from the 2000 Census of Population. Data from the 2000 Census may be found at [www.factfinder.census.gov/servlet/BasicFactsServlet](http://www.factfinder.census.gov/servlet/BasicFactsServlet).

- (vi) A Phase I Environmental Site Assessment (ESA), in accordance with the American Society for Testing and Material (ASTM) Standards E 1527-97, as amended, must be completed and submitted with the application. In order for the Phase I ESA to be acceptable, it must have been completed or updated no earlier than six months prior to the application deadline date. **For the Section 811 program only, it is NOT a curable deficiency.** Therefore, it is important to start the site assessment process as soon after the publication of the NOFA as possible.

For a project that will involve demolition and/or rehabilitation of a

**(EXHIBIT 4 Cont'd)**

structure(s) built before 1978, the Phase I must include the following: (1) an asbestos report that identifies the location and condition of asbestos, and (2) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs. For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site. If the property is to be acquired from the FDIC/RTC, include a copy of the FDIC/RTC prepared Transaction Screen Checklist or Phase I ESA and applicable documentation, per the FDIC/RTC Environmental Guidelines. If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional.

If the Phase II Assessment reveals site contamination, you must submit the extent of the contamination and a plan for clean-up of the site including a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State and/or local agency with jurisdiction over the site to the local HUD Office. The Phase II and any necessary plan for clean-up does not have to be submitted with the

**(EXHIBIT 4 Cont'd)**

application but must be submitted to the local HUD office by **July 14, 2003**. If it is not submitted by that date, the application will be rejected if it is a 202 application and the site will be rejected if it is an 811 application.

**NOTE: You must pay for the cost of any clean-up or remediation which can be very expensive.**

- (vii) The letter you sent to the State/Tribal Historic Preservation Officer (SHPO/THPO) initiating consultation with their office and requesting their review of your determinations and findings with respect to the historical significance of your proposed project. A sample letter is included in Attachment 1 to this Application.

Also include the SHPO/THPO response to your letter.

**(viii) through (xiv) apply to Section 811 only**

- (viii) A statement that you are willing to seek a different site if the preferred site is unapprovable and that site control will be obtained within six months of notification of fund reservation.

**(Section 811 only)**

- (ix) If an exception to the project size limits is being requested, describe why the site was selected and demonstrate the following: **(Only for Section 811 applications for independent living projects [not group homes] with site control)**

(A) People with disabilities have indicated their acceptance or preference to live in housing with as many units/people as proposed for the project.

**(EXHIBIT 4 Cont'd)**

- (B) The increased number of units/people is warranted by the market conditions in the area in which the project will be located.
- (C) Your project is compatible with other residential development and the population density of the area in which the project is to be located.
- (D) The increased number of people will not prohibit their successful integration into the community.
- (E) The project is marketable in the community.
- (F) The size of the project is consistent with State and/or local policies governing similar housing for the proposed population.
- (G) A statement that you are willing to have your application processed at the project size limit should HUD not approve the exception.

**Identification of a Site**

If you have identified a site, but do not have it under control, you must submit the following information: **(Section 811 only)**

**NOTE:** If a Section 811 application is submitted without evidence of site control and does not provide a specific street address for the identified site(s) (e.g., only an indication that the project will be developed in a particular part of town but a site(s) has not been chosen) the application will be rejected.

- (x) A description of the location of the site, including its street address, its unit number (if condominium), neighborhood/community characteristics (to include racial and ethnic data), amenities, adjacent housing and/or

**(EXHIBIT 4 Cont'd)**

facilities, how the site will promote greater housing opportunities for minority persons with disabilities and affirmatively further fair housing.

You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the community's AI or any other planning document that addresses fair housing issues. Examples of the applicable impediments include the need for improved housing quality and services for minority persons with disabilities and the need for quality services for persons with disabilities within the type and quality of similar services and housing in minority areas.

- (xi) A description of the activities undertaken to identify the site, as well as what actions must be taken to obtain control of the site, if approved for funding.
- (xii) An indication as to whether the site is properly zoned. If it is not, an indication of the actions necessary for proper zoning and whether these can be accomplished within six months of fund reservation award, if approved for funding.
- (xiii) A status of the sale of the site.
- (xiv) An indication as to whether the site would involve relocation.



**(EXHIBIT 5)****EXHIBIT 5 - Supportive Services Plan**

- 202** Provision of supportive services in the proposed facility.
- (a) A detailed description of the supportive services proposed to be provided to the anticipated occupancy.
  - (b) A description of public or private sources of assistance that reasonably could be expected to fund the proposed services.
  - (c) The manner in which such services will be provided to such persons (*i.e.*, on or off-site), including whether a service coordinator will facilitate the adequate provision of such services, and how the services will meet the identified needs of the residents.

**NOTE:** You may not require residents, as a condition of occupancy, to accept any supportive services.

- 811** A supportive services plan that includes:

**NOTE:** Your supportive services plan and the supportive services certification (Exhibit 8(j)) must be sent to the appropriate State or local agency (identified by the HUD Office) far enough in advance of the application deadline date so that the agency can review the plan, complete the certification and return both to you for inclusion in your application to HUD.

- (a) A detailed description of whether the housing is expected to serve persons with physical disabilities, developmental disabilities, or chronic mental illness or any combination of the three. Include how and from whom/where persons will be referred and admitted for occupancy in the project. You may, with the approval of the Secretary,

**(EXHIBIT 5 Cont'd)**

limit occupancy within housing developed under this SuperNOFA to persons with disabilities who have similar disabilities and require a similar set of supportive services in a supportive housing environment. However, the Owner must permit occupancy by any qualified person with a disability who could benefit from the housing and/or services provided, regardless of the person's disability.

- (b) If requesting approval to limit occupancy, also submit the following:
  - (i) A description of the population of persons with disabilities to which occupancy will be limited.
  - (ii) An explanation of why it is necessary to limit occupancy of the proposed project(s) to the population described in (i) above, including the following:
    - (A) An explanation of how limiting occupancy to a subcategory of persons with disabilities promotes the goals of the Section 811 program.
    - (B) An explanation of why the housing and/or service needs of this population cannot be met in a more integrated setting.
  - (iii) A description of your experience in providing housing and/or supportive services to proposed occupants.
  - (iv) A description of how you will ensure that occupants of the proposed project will be integrated into the neighborhood and community.
- (c) A detailed description of the supportive service needs of the persons

**(EXHIBIT 5 Cont'd)**

with disabilities that the housing is expected to serve.

- (d) A list of community service providers, (including consumer-controlled providers), including letters of intent to provide services to proposed residents from as many potential providers as possible.
- (e) The evidence of each service provider's capability and experience in providing such supportive services (even if you will be the service provider).
- (f) Identification of the extent of State and/or local agency involvement in the project (i.e., funding for the provision of supportive services, referral of residents, or licensing the project). If there will be any State or local agency involvement, a description of the State/local agency's philosophy/policy concerning housing for the population to be served and a demonstration that your application is consistent with State and/or local agency plans and policies governing the development and operation of housing for persons with disabilities.
- (g) If you will be making any supportive services available to the residents or will be coordinating the availability of any supportive services, a letter providing:
  - (i) A description of the supportive services that you will make available to the residents or, if you will be coordinating the availability of any supportive services, a description of the supportive service(s) and how the coordination will be implemented;
  - (ii) An assurance that any supportive services that you will make

**(EXHIBIT 5 Cont'd)**

available to the residents will be based on their individual needs;

and

- (iii) A commitment to make the supportive services available or coordinate their availability for the life of the project.
- (h) A description of how the residents will be afforded opportunities for employment.
- (i) An indication as to whether the project will include a unit for a resident manager.
- (j) A statement that you will not condition occupancy on the resident's acceptance of any supportive services.

**PART IV**

**GENERAL APPLICATION REQUIREMENTS,  
CERTIFICATIONS AND RESOLUTIONS**



**EXHIBIT 6:** A list of the applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA. Indicate by HUD Office, the proposed location by city and State and the number of units requested for each application. Include a list of all FY 2002 and prior year Section 202 and Section 811 capital advance projects to which you are a party. Identify each by project number and HUD Office and include the following information:

- (a) whether the project has initially closed and, if so, when;
- (b) if the project was older than 24 months when it initially closed (specify how old) or if older than 24 months now (specify how old) and has not initially closed, provide the reasons for the delay in closing;
- (c) whether amendment money was or will be needed for any project in (b) above; and,
- (d) those projects which have not been finally closed.



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**EXHIBIT 7: A statement that: (not applicable to Section 811 applications without site control)**

- (a) identifies all persons (families, individuals, businesses and nonprofit organizations) by race/minority group, and status as owners or tenants occupying the property on the date of submission of the application for a capital advance.
- (b) indicates the estimated cost of relocation payments and other services.
- (c) identifies the staff organization that will carry out the relocation activities.
- (d) identifies all persons that have moved from the site within the past 12 months.

**[NOTE: IF ANY OF THE RELOCATION COSTS WILL BE FUNDED FROM SOURCES OTHER THAN THE SECTION 202 OR SECTION 811 CAPITAL ADVANCE, YOU MUST PROVIDE EVIDENCE OF A FIRM COMMITMENT OF THESE FUNDS. WHEN EVALUATING APPLICATIONS, HUD WILL CONSIDER THE TOTAL COST OF PROPOSALS (i.e., COST OF SITE ACQUISITION, RELOCATION, CONSTRUCTION AND OTHER PROJECT COSTS).]**



**EXHIBIT 8: Certifications and Resolutions** (attached) - In addition to the certifications and assurances listed in the **General Section** of the SuperNOFA with the exception of Form HUD-424A, Form HUD-424C, Form HUD-424D, Form HUD-424M and the OMB Circulars which are not required, you are required to submit signed copies of the following:

- (a) Form HUD-424 - Application for Federal Assistance, indication of whether you are delinquent on any Federal debt, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for state review in accordance with Executive Order 12372).
- (b) Standard Form LLL - Disclosure of Lobbying Activities (if applicable) - a disclosure of activities conducted to influence any Federal transactions. (See instructions for submitting this form in the Consolidated Application Submissions section of the **General Section** of the SuperNOFA.)
- (c) Form HUD-424B, Applicant Assurances and Certifications. A certification to provide a drug-free workplace and a certification regarding debarment and suspension that attests to the ability of your principals (pursuant to 24 CFR 24.510).
- (d) Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers, (HUD-2880). A disclosure of assistance from other government sources received in connection with the project.
- (e) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed project will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing

**(EXHIBIT 8 Cont'd)**

to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the Plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth in the program section of the SuperNOFA. The Plan regulations are published in 24 CFR part 91.

- (f) Sponsor's Conflict of Interest Resolution, (HUD-92041). A certified Board Resolution that no officer or director of the Sponsor or Owner has or will have any financial interest in any contract with the Owner or in any firm or corporation that has or will have a contract with the Owner, including a current listing of all duly qualified and sitting officers and directors by title and the beginning and ending dates of each person's term.
- (g) Sponsor's Resolution for Commitment to Project, (HUD-92042). A certified Board Resolution acknowledging responsibilities of sponsorship, long-term support of the project(s), your willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of your membership. Also, it shall indicate your willingness to fund the estimated start-up expenses, the Minimum Capital Investment (one-half of one-percent of the HUD-approved capital advance, not to exceed \$10,000 or for Section 202 national Sponsors, not to exceed \$25,000), and the estimated cost of any amenities or features (and operating costs related thereto) that would not be covered by the approved capital advance.
- (h) Certification of Consistency with the RC/EZ/EC Strategic Plan, (HUD-2990). A certification that the project is consistent with the RC/EZ/EC strategic plan, is located within the RC/EZ/EC, and serves RC/EZ/EC residents. (This certification is not required if the project site(s) will not be located in an RC/EZ/EC.)

**(EXHIBIT 8 Cont'd)**

- (i) Form HUD-2530, Previous Participation Certification. This form provides HUD with a certified report of all your previous participation in HUD multifamily housing projects. The information is used to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency.
  
- (j) Supportive Services Certification, (HUD-92043) (Section 811 Only). A certification from the appropriate State or local agency (identified in the application or obtained from the local HUD Office), indicating whether the:
  - (1) Provision of supportive services is well designed to serve the needs of persons with disabilities the housing is expected to serve;
  - (2) The provision of supportive services will enhance independent living success and promote the dignity of those who will access your proposed project;
  - (3) Supportive services will be available on a consistent, long-term basis; and
  - (4) Proposed housing is consistent with State or local plans and policies addressing the housing needs of people with disabilities if the State or local agency will provide funding for the provision of supportive services, refer residents to the project or license the project. (The name, address, and telephone number of the appropriate agency can also be obtained from the appropriate HUD Office.)



**EXHIBIT 8(a)**

**Application for  
Federal Assistance**

U.S. Department of Housing  
and Urban Development

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

1. Type of Submission  
 Application       Preapplication

|                                  |                                    |
|----------------------------------|------------------------------------|
| 2. Date Submitted                | 4. HUD Application Number          |
| 3. Date and Time Received by HUD | 5. Existing Grant Number           |
|                                  | 6. Applicant Identification Number |

|                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 7. Applicant's Legal Name                                                                                                                                                                                                                                                                                                                                                                     |                                | 8. Organizational Unit                                                                                                                                                                                                                                                                                                                                              |                                         |
| 9. Address (give city, county, State, and zip code)<br>A. Address:<br>B. City:<br>C. County:<br>D. State:<br>E. Zip Code:                                                                                                                                                                                                                                                                     |                                | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)<br>A. Name:<br>B. Title:<br>C. Phone:<br>D. Fax:<br>E. E-mail:                                                                                                                                                 |                                         |
| 11. Employer Identification Number (EIN) or SSN                                                                                                                                                                                                                                                                                                                                               |                                | 12. Type of Applicant (enter appropriate letter in box)                                                                                                                                                                                                                                                                                                             |                                         |
| 13. Type of Application<br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision<br>If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Amount B. Decrease Amount C. Increase Duration<br>D. Decrease Duration E. Other (Specify)              |                                | A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School District<br>I. University or College<br>J. Indian Tribe<br>K. Tribally Designated Housing Entity (TDHE)<br>L. Individual<br>M. Profit Organization<br>N. Non-profit<br>O. Public Housing Authority<br>P. Other (Specify) |                                         |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number<br><br>Title:<br>Component Title:                                                                                                                                                                                                                                                                                                    |                                | 14. Name of Federal Agency<br><b>U.S. Department of Housing and Urban Development</b>                                                                                                                                                                                                                                                                               |                                         |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)                                                                                                                                                                                                                                                                                                  |                                | 16. Descriptive Title of Applicant's Program                                                                                                                                                                                                                                                                                                                        |                                         |
| 18a. Proposed Program start date                                                                                                                                                                                                                                                                                                                                                              | 18b. Proposed Program end date | 19a. Congressional Districts of Applicant                                                                                                                                                                                                                                                                                                                           | 19b. Congressional Districts of Program |
| 20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>                                                                                                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| 21. Is Application subject to review by State Executive Order 12372 Process?<br>A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____<br>B. No <input type="checkbox"/> Program is not covered by E.O. 12372<br><input type="checkbox"/> Program has not been selected by State for review. |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| 22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No<br><input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |

| <b>Funding Matrix</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |                 |                     |                |                    |       |                |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|-----------------|---------------------|----------------|--------------------|-------|----------------|-------|
| The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                 |                 |                     |                |                    |       |                |       |
| Grant Program*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share    | Local/Tribal Share | Other | Program Income | Total |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                 |                 |                     |                |                    |       |                |       |
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| <b>Grand Totals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                 |                 |                     |                |                    |       |                |       |
| * For FHIPs, show both initiative and component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                 |                 |                     |                |                    |       |                |       |
| <b>Certifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |                 |                     |                |                    |       |                |       |
| <p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p> |           |                 |                 |                     |                |                    |       |                |       |
| 23. Signature of Authorized Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                 |                 |                     | Name (printed) |                    |       |                |       |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |                 |                     |                | Date (mm/dd/yyyy)  |       |                |       |

## Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 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. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

### Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
  - (a) with a date; and
  - (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.

12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form.

Enter the following information:

**Grant Program:** The HUD funding program under which you are applying.

**HUD Share:** Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

**Applicant Match:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Other Federal Share:** Enter the amount of other Federal funds for your program of activities.

**Instructions for the HUD-424 (Continued)**

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.

**Local/Tribal Share:** Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate over the life of your award.

**Total:** Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.



## INSTRUCTIONS

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10.
  - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 9a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. In other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this 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.

**EXHIBIT 8 (c)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Applicant Assurances and Certifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | U.S. Department of Housing and Urban Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OMB Approval No. 2501-0017<br>(exp. 03/31/2005) |
| <b>Instructions for the HUD-424-B Assurances and Certifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| Name: _____, Title: _____<br>Organization: _____, Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| <p>1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.</p> <p>2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).</p> <p>3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.</p> <p>4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.</p> | <p>5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.</p> <p>6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 <i>et seq.</i>) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.</p> <p>7. Will or will continue to provide a drug-free workplace by:</p> <p>(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;</p> <p>(b) Establishing an on-going drug-free awareness program to inform employees about –</p> <p>(1) The dangers of drug abuse in the workplace;</p> <p>(2) The applicant's policy of maintaining a drug-free workplace;</p> <p>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</p> <p>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;</p> <p>(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);</p> <p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –</p> <p>(1) Abide by the terms of the statement; and</p> <p>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> |                                                 |

**Applicant Assurances and Certifications (Continued)**

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

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

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

8. In accordance with 24 CFR Part 24, and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.

(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

**EXHIBIT 8 (d)**

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

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

**Applicant/Recipient Information**

Indicate whether this is an Initial Report  or an Update Report

|                                                                                             |                                                             |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Applicant/Recipient Name, Address, and Phone (include area code):<br><br>( ) -           | 2. Social Security Number or Employer ID Number:<br><br>- - |
| 3. HUD Program Name                                                                         | 4. Amount of HUD Assistance Requested/Received              |
| 5. State the name and location (street address, City and State) of the project or activity: |                                                             |

**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).<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9<br><input type="checkbox"/> Yes <input type="checkbox"/> No. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

| Department/State/Local Agency Name and Address | Type of Assistance | Amount Requested/Provided | Expected Uses of the Funds |
|------------------------------------------------|--------------------|---------------------------|----------------------------|
|                                                |                    |                           |                            |
|                                                |                    |                           |                            |

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

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

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

(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:<br><br>X | Date: (mm/dd/yyyy) |
|---------------------|--------------------|

**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

#### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
  2. State the type of other government assistance (e.g., loan, grant, loan insurance).
  3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
  4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal Government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.



**EXHIBIT 8(e)**

**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: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location of the Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of  
Certifying Jurisdiction: \_\_\_\_\_

Certifying Official  
of the Jurisdiction  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**EXHIBIT 8 (f)****SPONSOR'S CONFLICT OF  
INTEREST RESOLUTION**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0267  
(exp. 12/31/2003)

**Public reporting burden** for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: The Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation  
Section 811 Program - Application for Fund Reservation

Sponsor:  
Project Location:

WHEREAS, Section 202 of the Housing Act of 1959, as amended, authorizes the making of capital advances for housing for the elderly to private, nonprofit corporations, OR Section 811 of the National Affordable Housing Act of 1990, as amended, authorizes the making of capital advances to nonprofit corporations for housing for persons with disabilities, no part of the net earnings of which inure to the benefit of any member, founder, contributor or individual;

WHEREAS, HUD has implemented this statutory requirement by promulgating a regulation providing that the Sponsor may not be controlled by or under the direction of persons or firms seeking to derive profit or gain therefrom. The regulation also prohibits any officer or director of the Sponsor from having any financial interest in any contract in connection with the rendition of services, the provision of goods or supplies, procurement of furnishings or equipment, construction of the project, procurement of the site or any other matters whatsoever, except with respect to management or supportive services contracts entered into by the Owner with the Sponsor or its nonprofit affiliate.

WHEREAS, HUD has determined that assurance of compliance with this prohibition can best be obtained by requiring that all officers and directors of the Sponsor certify that they do not have and will not have during their term of office, any prohibited financial interest.

WHEREAS, because of the time constraints imposed under the application process and difficulties in meeting these deadlines caused by such factors as large boards and unavailability of officers and directors of the board, some prospective Sponsors have been unable or experienced hardship in obtaining all of the required certifications for submission with the applications for fund reservation.

WHEREAS, HUD is willing to defer submission of the required Sponsors' Conflict of Interest and Disclosure Certifications until the submission of the firm commitment applications by those Owners for which fund reservations were approved, if such certifications are provided by all the Sponsor's officers and directors listed below, who are duly qualified and sitting in these capacities from the date of the Sponsor's fund reservation application.

**[LIST THE NAME, TITLE, AND THE BEGINNING AND ENDING DATES OF THE TERM OF ALL OFFICERS AND DIRECTORS]**

NOW, THEREFORE, in order to induce HUD to forego requiring submission of the Conflict of Interest and Disclosure Certifications until after projects have been selected and fund reservations granted, it is hereby resolved and agreed by the Board of Directors of the Sponsor:

1. That it will submit an updated Incumbency Certificate, in a form prescribed by HUD, showing all changes in incumbency for submission with the Owner's Application for Firm Commitment, initial closing and final closing.
2. That no officer or director of the Sponsor has or will be permitted to have any prohibited interest which would prevent him or her from signing the required Conflict of Interest and Disclosure Certification.
3. That the fund reservation will be subject to cancellation by HUD if the officers or directors of either the Sponsor or the Owner fail to submit Conflict of Interest and Disclosure Certifications duly executed by each and all of their respective officers and directors.
4. That no HUD capital advance funds or project rental assistance funds will be expended on account of any contract or arrangement where a conflict of interest is determined to exist, and the Sponsor shall be responsible for the payment of any and all obligations involving its officers and directors.
5. That should any contract or arrangement entered into by the Owner be determined by HUD to involve a conflict of interest, involving either the Sponsor's or Owner's officers or directors, the Sponsor will exercise its best efforts to cause the Owner to promptly cancel or terminate such contract or arrangement at HUD's request.

Adopted and approved by the Board of Trustees of the Sponsor on the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Authorized Signature

**EXHIBIT 8 (g)**

**SPONSOR'S RESOLUTION FOR  
COMMITMENT TO PROJECT**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0267  
(exp. 07/31/2002)  
OMB Approval No. 2502-0462  
(exp. 06/30/2002)

**Public reporting burden** for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation  
Section 811 Program - Application for Fund Reservation

Sponsor:  
Project Location:

1. WHEREAS, under the Section 202 Program for Supportive Housing for the Elderly, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed \$25,000 (\$10,000 for sponsors not affiliated with a national sponsor) and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

OR

Whereas, under the Section 811 Program of Supportive Housing for Persons with Disabilities, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed \$10,000 and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

2. WHEREAS, HUD has determined that assurance by the Sponsor of its commitment and willingness to provide those funds can best be assured by requiring a resolution of the Board of Directors that funds will be made available for such purposes.

3. NOW, THEREFORE, the Board of Directors of the Sponsor hereby resolves and agrees that funds will be available for the subject project to meet estimated start-up expenses, the minimum capital investment and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

Adopted and approved by \_\_\_\_\_ of the Sponsor on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature



**EXHIBIT 8(h)**

**Certification of Consistency  
with the RC/EZ/EC Strategic  
Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name \_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying \_\_\_\_\_

Name of RC/EZ/EC \_\_\_\_\_

I further certify that the proposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community residents, or Renewal Community. (2 points)

Name of the  
Official Authorized  
to Certify the RC/EZ/EC \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_



Previous Participation Certification

U.S. Department of Housing and Urban Development Office of Housing/Federal Housing Commissioner

U.S. Department of Agriculture Farmers Home Administration

OMB Approval No. 2502-0118 (exp. 2/29/2004)

Part I To be completed by Principals of Multifamily Projects. See Instructions Reason for Submitting Certification

For HUD HQ/FmHA use only

1. Agency Name and City where the application is filed

2. Project Name, Project Number, City and Zip Code contained in the application

3. Loan or Contract Amount 4. Number of Units or Beds 5. Section of Act 6. Type of Project (check one) Existing Rehabilitation Proposed (New)

List of All Proposed Principal Participants

7. Names and Addresses of All Known Principals and Affiliates (people, businesses & organizations) proposing to participate in the project described above. (list names alphabetically; last, first, middle initial)

Certifications: I (meaning the individual who signs as well as the corporations, partnerships or other parties listed above who certify) hereby apply to HUD or USDA-FmHA, as the case may be, for approval to participate as a principal in the role and project listed above based upon my following previous participation record and this Certification.

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in Schedule A and Exhibits signed by me and attached to this form. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

I further certify that: 1. Schedule A contains a listing of every assisted or insured project of HUD, USDA-FmHA and State and local government housing finance agencies in which I have been or am now a principal.

2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certification. a. No mortgage on a project listed by me has ever been in default, assigned to the Government or foreclosed, nor has mortgage relief by the mortgagee been given; b. I have not experienced defaults or noncompliances under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project; c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD audits, management reviews or other Governmental investigations concerning me or my projects; d. There has not been a suspension or termination of payments under any HUD assistance contract in which I have had a legal or beneficial interest; e. I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony.

(A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less); f. I have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or a State Government from doing business with such Department or Agency; g. I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond. 3. All the names of the parties, known to me to be principals in this project(s) in which I propose to participate, are listed above. 4. I am not a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part O and

USDA's Standard of Conduct in 7 C.F.R. Part O Subpart B. 5. I am not a principal participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification have not been filed with HUD or FmHA. 6. To my knowledge I have not been found by HUD or FmHA to be in noncompliance with any applicable civil rights laws. 7. I am not a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America. 8. Statements above (if any) to which I cannot certify have been deleted by striking through the words with a pen. I have initiated each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances which I think helps to qualify me as a responsible principal for participation in this project.

Typed or Printed Name of Principal Signature of Principal Certification Date (mm/dd/yyyy) Area Code and Telephone No.

This form was prepared by (Please print name)

Area Code and Telephone No.

EXHIBIT 8 (1)

**Schedule A: List of Previous Projects and Section 8 Contracts.** By my name below is the complete list of my previous projects and my participation history as a principal in Multifamily Housing programs of HUD/FmHA, State, and Local Housing Finance Agencies. **Note:** Read and follow the instruction sheet carefully. Abbreviate where possible. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If you have no previous projects write, by your name, "No previous participation, First Experience."

| 1. List each Principal's Name<br>(list in alphabetical order,<br>last name first) | 2. List Previous Projects<br>(give the I.D. number, project name, city location,<br>& government agency involved<br>if other than HUD) | 3. List Principal's Role(s)<br>(indicate dates participated, and<br>if fee or identity of interest participant) | 4. Status of Loan<br>(current, defaulted,<br>assigned, or<br>foreclosed) | 5. Was Project ever in Default,<br>during your participation?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>if "Yes," explain | 6. Last Mgmt.<br>and/or<br>Physical Inspectn<br>Rating |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                   |                                                                                                                                        |                                                                                                                 |                                                                          |                                                                                                                                                |                                                        |

**Part II - For HUD Internal Processing Only**

Received and checked by me for accuracy and completeness; recommend approval or referral to Headquarters as checked below:

|                                |                                                      |                                                                                            |                                                                 |
|--------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Date (mm/dd/yyyy)              | Telephone Number and Area Code                       | <input type="checkbox"/> A. No adverse information; form HUD-2530 approval is recommended. | <input type="checkbox"/> C. Disclosure or Certification problem |
| Staff                          | Processing and Control                               | <input type="checkbox"/> B. Name match in system                                           | <input type="checkbox"/> D. Other, our memorandum is attached.  |
| Supervisor                     | Director of Housing / Director, Multifamily Division | Approved                                                                                   | Date (mm/dd/yyyy)                                               |
| Previous editions are obsolete |                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | ref Handbook 4065.1 form HUD-2530 (5/2001)                      |

#### Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of those regulations published at 24 C.F.R. 200.210 to 200.245 can be obtained from the Multifamily Housing Representative at any HUD Office. Type or print neatly in ink when filling out this form. Mark answers in all blocks of the form. If the form is not filled completely, it will delay approval of your application.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. If you have many projects to list (20 or more) and expect to be applying frequently for participation in HUD projects, you should consider filing a Master List. See Master List instructions below under "Instructions for Completing Schedule A."

**Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Office Multifamily Housing Representative. **Purpose:** This form provides HUD with a certified report of all previous participation in HUD multifamily housing projects by those parties making application. The information requested in this form is used by HUD to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify your record of previous participation in HUD/USDA-FmHA, State and Local Housing Finance Agency projects by completing and signing this form, before your project application or participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

**Note** that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

**Who Must Sign and File Form HUD-2530:** Form HUD-2530 must be completed and signed by all parties applying to become principal participants in HUD multifamily housing projects, including those who have no previous participation. The form must be signed and filed by all principals and their affiliates who propose participating in the HUD project. Use a separate form for each role in the project unless there is an identity of interest.

Principals include all individuals, joint ventures, partnerships, corporations, trusts, non-profit organizations, any other public or private entity, that will participate in the proposed project as a sponsor, owner, prime contractor, turnkey developer, managing agent, nursing home administrator or operator, packager, or consultant. Architects and attorneys who have any interest in the project other than an arms length fee arrangement for professional services are also considered principals by HUD.

In the case of partnerships, all general partners regardless of their percentage interest and limited partners having a 25 percent or more interest in the partnership are considered principals. In the case of public or private corporations or governmental entities, principals include the president, vice president, secretary, treasurer and all other executive officers who are directly responsible to the board of directors, or any equivalent governing body, as well as all directors and each stockholder having a 10 percent or more interest in the corporation.

Affiliates are defined as any person or business concern that directly or indirectly controls the policy of a principal or has the power to do so. A holding or parent corporation would be an example of an affiliate if one of its subsidiaries is a principal.

**Exception for Corporations** - All principals and affiliates must personally sign the certificate except in the following situation. When a corporation is a principal, all of its officers, directors, trustees and stockholders with 10 percent or more of the common (voting) stock need not sign personally if they all have the same record to report. The officer who is authorized to sign for the corporation or agency will list the names and title of those who elect to sign. However, any person who has a record of participation in HUD projects that is separate from that of his or her organization must report that activity on this form and sign his or her name. The objective is full disclosure.

**Exemptions** - The names of the following parties do not need to be listed on form HUD-2530: Public Housing Agencies, tenants, owners of less than five condominium or cooperative units and all others whose interests were acquired by inheritance or court order.

**Where and When Form HUD-2530 Must Be Filed:** The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects, or when otherwise required in the situations listed below:

- Projects to be financed with mortgages insured under the National Housing Act (FHA).
- Projects to be financed according to Section 202 of the Housing Act of 1959 (Elderly and Handicapped).
- Projects in which 20 percent or more of the units are to receive a subsidy as described in 24 C.F.R. 200.213.
- Purchase of a project subject to a mortgage insured or held by the Secretary of HUD.
- Purchase of a Secretary-owned project.
- Proposed substitution or addition of a principal, or principal participation in a different capacity from that previously approved for the same project.
- Proposed acquisition by an existing limited partner of an additional interest in a project resulting in a total interest of 25 percent or more, or proposed acquisition by a corporate stockholder of an additional interest in a project resulting in a total interest of 10 percent or more.

• Projects with U.S.D.A., Farmers Home Administration, or with state or local government housing finance agencies that include rental assistance under Section 8 of the Housing Act of 1937. For projects of this type, form HUD-2530 should be filed with the appropriate applications directly to those agencies.

**Review of Adverse Determination:** If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration by the HUD Review Committee. Alternatively, you may request a hearing before a Hearing Officer. Either request must be made in writing within 30 days from your receipt of the notice of determination.

If you do request reconsideration by the Review Committee and the reconsideration results in an adverse determination, you may then request a hearing before a Hearing Officer. The Hearing Officer will issue a report to the Review Committee. You will be notified of the final ruling by certified mail.

#### Specific Line Instructions:

**Reason for Submitting this Certification:** e.g., refinancing, management, change in ownership, transfer of physical assets, etc.

**Block 1:** Fill in the name of the agency to which you are applying. For example: HUD Office, Farmers Home Administration District office, or the name of a State or local housing finance agency. Below that, fill in the name of the city where the office is located.

**Block 2:** Fill in the name of the project, such as "Greenwood Apts." If the name has not yet been selected, write "Name unknown." Below that, enter the HUD contract or project identification number, the Farmers Home Administration project number, or the State or local housing finance agency project or contract number. Include all project or contract identification numbers that are relevant to the project. Also enter the name of the city in which the project is located, and the ZIP Code of the site location.

**Block 3:** Fill in the dollar amount requested in the proposed mortgage, or the annual amount of rental assistance requested.

**Block 4:** Fill in the number of apartment units proposed, such as "40 units." For hospital projects or nursing homes, fill in the number of beds proposed, such as "100 beds."

**Block 5:** Fill in the section of the Housing Act under which the application is filed.

**Block 7:** Definitions of all those who are considered principals and affiliates are given above in the section titled "Who Must Sign and File...."

**Block 8:** Beside the name of each principal, fill in the role that each will perform. The following are possible roles that the principals may perform: Sponsor, Owner, Prime Contractor, Turnkey Developer, Managing Agent, Packager, Consultant, General Partner, Limited Partner (include percentage), Executive Officer, Director, Trustee, Major Stockholder, or Nursing Home Administrator. Beside the name of each affiliate, write the name of the person or firm of affiliation, such as "Affiliate of Smith Construction Co."

**Block 9:** Fill in the percentage of ownership in the proposed project that each principal is expected to have. Also specify if the participant is a general or limited partner. Beside the name of those parties who will not be owners, write "None."

**Block 10:** Fill in the Social Security Number or IRS employer number of every party listed, including affiliates.

**Instructions for Completing Schedule A:** Be sure that Schedule A is filled in completely, accurately and the certification is properly dated and signed, because it will serve as a legal record of your previous experience. All Multifamily Housing projects involving HUD/FmHA, and State and local Housing Finance Agencies in which you have previously participated must be listed. Applicants are reminded that previous participation pertains to the individual principal within an entity as well as the entity itself. A newly formed company may not have previous participation, but the principals within the company may have had extensive participation and disclosure of that activity is required. To avoid duplication of disclosure, list the project and then the entities or individuals involved in that project. You may use the name or a number code to denote the entity or individual that participated. The number code can then be used in column 3 to denote role.

**Column 2:** List the project or contract identification of each previous project. All previous projects must be included or your certification cannot be processed. Include the name of all projects, the cities in which they are located and the government agency (HUD, USDA-FmHA or State or local housing finance agency) that was involved. At the end of your list of projects, draw a straight line across the page to separate your record of projects from that of others signing this form who have a different record to report.

**Column 3:** List the role(s) of your participation, dates participated, and if fee or identity of interest with owners.

**Column 4:** Indicate the current status of the loan. Except for current loans, the date associated with the status is required. Loans under a workout arrangement are considered assigned. An explanation of the circumstances surrounding the status is required for all non-current loans.

**Column 5:** Explain any project defaults during your participation.

**Column 6:** Enter the latest Management and/or Physical Inspection Review rating. If either of the ratings are below average, the report issued by HUD is required to be submitted along with the applicant's explanation of the circumstances surrounding the rating.

**No Previous Record:** Even if you have never participated in a HUD project before, you must complete form HUD-2530. If you have no record of previous projects to list, fill in your name in column 1 of Schedule A, and write across the form by your name - "No previous participation, first experience."

**Master List System:** If you expect to file this form frequently and you have a long list of previous projects to report on Schedule A, you should consider filing a Master List. By doing so, you will avoid having to list all your previous projects each time you file a new application.

To make a Master List, use form HUD-2530. On page 1, in block 1, enter (in capital letters) the words "Master List." In blocks 2 through 6 enter in "N.A." meaning Not Applicable. Complete blocks 7 through 10.

In the box below the statement of certification, fill in the names of all parties who wish to file a Master List together (type or print neatly). Beside each name, every party must sign the form. In the box titled "Proposed Role," fill in "N.A." Also, fill in the date you sign the form

and provide a telephone number where you can be reached during the day. No determinations will be made on these certifications.

File one copy of the Master List with each HUD Office where you do business and mail one copy to the following address:

HUD-2530 Master List  
Participation and Compliance  
Division - Housing  
U.S. Department of Housing and  
Urban Development  
451 Seventh Street, S.W.  
Washington, D.C. 20410

Once you have filed a Master List, you do not need to complete Schedule A when you submit form HUD-2530. Instead, write the name of the participant in column 1 of Schedule A and beside that write "See Master List on file." Also give the date that appears on the Master List that you submitted. Below that, report all changes and additions that have occurred since that date. Be sure to include any mortgage defaults, assignments or foreclosures not listed previously.

If you have withdrawn from a project since the date the Master List was filed, be sure to name the project. Give the project identification number, the month and year your participation began and/or ended.

**Certification:**

After you have completed all other parts of form HUD-2530, including Schedule A, read the Certification carefully. In the box below the statement of certification, fill in the name of all principals and affiliates (type or print neatly). Beside the name of each principal and affiliate, each party must sign the form, with the exception in some cases of individuals associated with a corporation (see "Exception for Corporations" in the section of the instructions titled "Who Must Sign and File form

HUD-2530"). Beside each signature, fill in the role of each party (the same as shown in block 8). In addition, each person who signs the form should fill in the date that he or she signs, as well as providing a telephone number where he or she can be reached during business hours. By providing a telephone number where you can be reached, you will help to prevent any possible delay caused by mailing and processing time in the event HUD has any questions.

If you cannot certify and sign the certification as it is printed because some statements do not correctly describe your record, use a pen and strike through those parts that differ with your record, then sign and certify to that remaining part which does describe you or your record.

Attach a signed letter, note or an explanation of the items you have struck out on the certification and report the facts of your correct record. Item A(2)(e) relates to felony convictions within the past 10 years. If you have been convicted of a felony within 10 years, strike out all of A(2)(e) on the certificate and attach your statement giving your explanation. A felony conviction will not necessarily cause your participation to be disapproved unless there is a criminal record or other evidence that your previous conduct or method of doing business has been such that your participation in the project would make it an unacceptable risk from the underwriting standpoint of an insurer, lender or governmental agency.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a principal may not participate in a proposed or existing multifamily project. HUD uses this information to evaluate whether or not principals pose an unsatisfactory underwriting risk. The information is used to evaluate the potential principals and approve only individuals and organizations who will honor their legal, financial and contractual obligations.

**Privacy Act Statement:** The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN.

**Public reporting burden:** for this collection of information is estimated to average 1 hour 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.

A response is mandatory. Failure to provide any of the information will result in your disapproval for participation in this HUD program.

Previous editions are obsolete

ref Handbook 4065.1 form HUD-2530 (5/2001)

**EXHIBIT 8(j)****CERTIFICATION FOR  
PROVISION OF  
SUPPORTIVE SERVICES  
(Section 811 Only)**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0462  
(exp. 12/31/2003)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

The undersigned certifies that this Agency has reviewed the Sponsor's supportive services plan and finds that:

1. The provision of supportive services is:

Well designed       Not well designed

to serve the individual needs of persons with disabilities the housing is expected to serve.

2. The provision of supportive services will enhance independent living success and promote the dignity of those who will access the proposed project.

Will enhance       Will not enhance

3. The supportive services will be available on a consistent, long-term basis.

Yes       No

4. The proposed housing is:

Consistent       Inconsistent

with State or local plans and policies addressing the housing needs of people with disabilities.

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Project Location

\_\_\_\_\_  
(Print Name of Authorized Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Agency Name)



**ATTACHMENT 1****LETTER REQUESTING SHPO/THPO REVIEW**Applicant return address  
Date[SHPO/THPO mailing address]  
(see: [www.ncshpo.org](http://www.ncshpo.org) or [www.nathpo.org](http://www.nathpo.org))

Dear [SHPO/THPO]:

In accordance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470f), and its implementing regulation, 36 CFR 800, "Protection of Historic Properties," and as authorized by the U.S. Department of Housing and Urban Development (HUD) as an applicant for a Section [202/811] Supportive Housing Capital Advance, we are initiating consultation with your office regarding the proposed [xxx project] (ex. rehabilitation of 123 Elm Street, Anytown, AB). Please find enclosed the necessary documentation per §800.11.

Based on our initial research, we have made the required determinations and findings, which we now ask you to review. Please respond in writing to us and HUD within the thirty-day time period as noted at §800.3(c)4. HUD's mailing address is:

[xxx]

If you concur with the findings in this submission, please sign and date on the line below and return as noted above. If you do not concur, we request that you express your concerns and objections clearly in writing so that HUD may continue the consultation process as needed. Please also indicate in your non-concurrence letter if there are other sources of information that should be checked, and if there are other parties, tribes, or members of the public you believe should be included in the consultation process. Thank you for your prompt attention to this matter.

Sincerely,

Applicant signatory

CONCURRENCE: \_\_\_\_\_  
State/Tribal Historic Preservation Officer/Date



**Description of the Undertaking**

[xxx] (Specify federal involvement; include photographs, drawings, location map, etc).

**Area of Potential Effect**

We define the Area of Potential Effect for this proposed project as [xxx] (written boundary description). Please see the attached map marked with the APE boundary. We made this determination for the following reason(s): [xxx].

**Basis for Determining No Historic Properties Affected (Option #1)**

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that no historic properties will be affected by this project. We base this finding on: [xxx].

**OR**

**Basis for Determining Historic Properties Affected (Option #2)**

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that historic properties will be affected by this project and that additional consultation will be required to assess/resolve effects. We base this finding on: [xxx].

04/16/03

16:49

**ATTACHMENT 2**

**CHOOSING AN ENVIRONMENTALLY "SAFE" SITE**

THIS DOCUMENT IS AVAILABLE ON HUD'S WEB SITE AT [WWW.HUD.GOV](http://WWW.HUD.GOV)

**ATTACHMENT 3****Choosing an Environmentally "Safe" Site  
Supplemental Guidance  
Environmental Information  
For 202/811 Programs..**

Under 24 CFR Part 50, the U.S. Department of Housing and Urban Development (HUD) has the responsibility for conducting the environmental review for 202 and 811 Programs. **In the conduct of its review, applicants may be asked to provide information necessary for completing the environmental review in an expeditious and comprehensive manner.** What follows is the type of information collected and analyzed in the conduct of the environmental review.

**NATURAL RESOURCES**

The natural environment is important, and there are many federal regulations and executive orders promulgated to "protect" and conserve natural resources, historic properties, endangered and threatened species and their habitats. Wetlands, coastal barrier resources, and wild and scenic rivers are natural resources, which may also be under threat from development activities. Each of these natural resources has their own regulatory requirements with regard to determining potential environmental impacts.

**Natural Resources**

- + Rivers
- + Streams
- + Lakes
- + Ponds
- + Designated Wetlands
- + Drainage ways
- + Swamps
- + Creeks
- + Waterways
- + Coastlines
- + Unique natural features
- + Endangered Species\*

**ENDANGERED AND THREATENED SPECIES**

\*In some areas, like Seattle, Washington or Portland, Oregon for example, there is an aggressive effort to protect certain types of salmon and their habitat (living environment). As a result, all projects may be considered a "threat" to their survival, as they may impact either the species or their habitat. In other areas, especially with regard to endangered species, it may be a butterfly, insect, or certain types of birds that are under threat. Articles in newspapers or on the news may alert you to controversies surrounding natural resource issues, especially those involving endangered species and wetlands.



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**\*\*Applicants must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001-4128) and the Coastal Barrier Resources Act (19 U.S.C. 3601).**

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**MANMADE HAZARDS**

**Completion of the Phase I Assessment is required and must be included among the Exhibits for submission.** However, other potential hazardous or site contaminations problems may be discovered during the conduct of they environmental review. Specific environmental risks and hazards that may result in site contamination are discussed in Choosing an Environmentally "Safe" Site. Additional environmental information on manmade hazards that HUD may collect in the conduct of the environmental review may include the following categories.

**Manmade Hazards**

- + Industrial Operations  
(e.g. lead smelter, facilities handling explosive material, heavy industry, etc.)
- + Airports
- + Landfills, dumps,
- + Odors
- + Noise
- + Traffic (major transportation or truck routes, railroad lines, highways, etc)
- + Agricultural operations
- + Incinerators, oil refineries
- + Large parking facilities/lots
- + Nuisances and Hazards (natural and built)

**Acknowledgment of  
Application Receipt**

U.S. Department of Housing  
and Urban Development

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

(fold line)

Type or clearly print the following information:

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

**To Be Completed by HUD**

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

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

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



**Client Comments and  
Suggestions**U.S. Department of Housing  
and Urban Development**You are our Client!  
Your comments and suggestions, please!**

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development  
Office of Departmental Grants Management and Oversight  
Room 3156  
451 7th Street, SW  
Washington, DC 20410

**Please Provide Comments on HUD's Efforts:**

The NOFA (insert title) \_\_\_\_\_

is: (please check one)

- (a)  is clear and easily understandable  
(b)  better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) \_\_\_\_\_

is: (please check one)

- (a)  is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.  
(b)  is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

**Name & Organization** (Optional):

Are additional pages attached?  Yes  No



**APPENDIX B****LOCAL HUD OFFICES****NOTES:**

- (1) The first line of the mailing address for all offices is Department of Housing and Urban Development. Telephone numbers listed are not toll-free.
- (2) Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.
- (3) Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.
- (4) Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.
- (5) Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

**HUD - BOSTON HUB****HARTFORD OFFICE**

One Corporate Center  
19th Floor  
Hartford, CT 06103-3220  
(860) 240-4800  
TTY Number: (860) 240-4665

**BOSTON OFFICE**

Room 301  
Thomas P. O'Neill, Jr.  
Federal Building  
10 Causeway Street  
Boston, MA 02222-1092  
(617) 994-8500  
TTY Number: (617) 565-5453

**MANCHESTER OFFICE**

Norris Cotton Federal Building  
275 Chestnut Street  
Manchester, NH 03101-2487  
(603) 666-7510  
TTY Number: (603) 666-7518

**PROVIDENCE OFFICE**

Sixth Floor  
10 Weybosset Street  
Providence, RI 02903-2808  
(401) 528-5230  
TTY Number: (401) 528-5403

**HUD - NEW YORK HUB****NEW YORK OFFICE**

26 Federal Plaza, Room 3200  
New York, NY 10278-0068  
(212) 264-8000  
TTY Number: (212) 264-0927

**HUD - BUFFALO HUB****BUFFALO OFFICE**

Lafayette Court Building  
465 Main Street, 2<sup>nd</sup> Floor  
Buffalo, NY 14203-1780  
(716) 551-5755, ext. 5000  
TTY Number: (716) 551-5787

**HUD - PHILADELPHIA HUB****PHILADELPHIA OFFICE**

The Wanamaker Building  
100 Penn Square East  
Philadelphia, PA 19107-3380  
(215) 656-0600  
TTY Number: (215) 656-3452

**CHARLESTON OFFICE**

Suite 708  
405 Capitol Street  
Charleston, WV 25301-1795  
(304) 347-7000  
TTY Number: (304) 347-5332

**NEWARK OFFICE**

Thirteenth Floor  
One Newark Center  
Newark, NJ 07102-5260  
(973) 622-7900  
TTY Number: (973) 645-3298

**PITTSBURGH OFFICE**

339 Sixth Avenue  
Sixth Floor  
Pittsburgh, PA 15222-2507  
(412) 644-6428  
TTY Number: (412) 644-5747

**HUD - BALTIMORE HUB****BALTIMORE OFFICE**

Fifth Floor  
City Crescent Building  
10 South Howard Street  
Baltimore, MD 21201-2505  
(410) 962-2520  
TTY Number: (410) 962-0106

**RICHMOND OFFICE**

600 East Broad Street  
Richmond, VA 23219  
(804) 771-2100, ext. 3839  
TTY Number: (804) 771-2038

**HUD - GREENSBORO HUB****GREENSBORO OFFICE**

Koger Building  
2306 West Meadowview Road  
Greensboro, NC 27407-3707  
(336) 547-4069  
TTY Number: (336) 547-4020

**COLUMBIA OFFICE**

Strom Thurmond Federal Building  
1835-45 Assembly Street  
Columbia, SC 29201-2480  
(803) 765-5592  
TTY Number: (803) 253-3209

**HUD - ATLANTA HUB****ATLANTA OFFICE**

ATTN: Multifamily Housing  
40 Marietta Street - Five Points Plaza  
Atlanta, GA 30303- 2806  
(404) 331- 4976  
TTY Number: (404) 730-2654

**SAN JUAN OFFICE**

Edificio Administracion de Terrenos  
171 Carlos Chardon Avenue,  
Suite 301  
San Juan, PR 00918-0903  
(787) 766-5401  
TTY Number: (787) 766-5909

**LOUISVILLE OFFICE**

601 West Broadway  
Louisville, KY 40202  
(502) 582-5251  
TTY Number: 1-800-648-6056

**KNOXVILLE OFFICE**

Third Floor  
John J. Duncan Federal Building  
710 Locust Street  
Knoxville, TN 37902-2526  
(423) 545-4384  
TTY Number: (423) 545-4559

**NASHVILLE OFFICE**

Suite 200  
235 Cumberland Bend  
Nashville, TN 37228-1803  
(615) 736-5213  
TTY Number: (615) 736-2886

**HUD - JACKSONVILLE HUB****JACKSONVILLE OFFICE**

Suite 2200  
Southern Bell Tower  
301 West Bay Street  
Jacksonville, FL 32202-5121  
(904) 232-2626  
TTY Number: (904) 232-2631

**BIRMINGHAM OFFICE**

Medical Forum Building  
950 22nd St., North  
Suite 900  
Birmingham, AL 35203-5301  
(205) 731-2624  
TTY Number: (205) 731-2624

**JACKSON OFFICE**

Suite 910  
Doctor A.H. McCoy Federal Building  
100 West Capitol Street  
Jackson, MS 39269-1096  
(601) 965-4700  
TTY Number: (601) 965-4171

**HUD - CHICAGO HUB****CHICAGO OFFICE**

Ralph H. Metcalfe Federal Building  
77 West Jackson Boulevard  
Chicago, IL 60604-3507  
(312) 353-5680  
TTY Number: (312) 353-5944

**INDIANAPOLIS OFFICE**

151 North Delaware Street  
Indianapolis, IN 46204-2526  
(317) 226-6303  
TTY Number: (317) 226-7081

**HUD - DETROIT HUB****DETROIT OFFICE**

Patrick V. McNamara Federal Building  
477 Michigan Avenue, Suite 1635  
Detroit, MI 48226-2592  
(313) 226-7900  
TTY Number: (313) 226-6899

**HUD - COLUMBUS HUB****COLUMBUS OFFICE**

200 North High Street  
7th Floor  
Columbus, OH 43215-2499  
(614) 469-5737  
TTY Number: (614) 469-6694

**CLEVELAND OFFICE**

US Bank Centre  
1350 Euclid Avenue  
Suite 500  
Cleveland, OH 44115-1815  
(216) 522-4058  
TTY Number: (216) 522-2261

**HUD - MINNEAPOLIS HUB****MINNEAPOLIS OFFICE**

920 Second Avenue South  
Minneapolis, MN 55402  
(612) 370-3000  
TTY Number: (612) 370-3186

**MILWAUKEE OFFICE**

Suite 1380  
Henry S. Reuss Federal Plaza  
310 West Wisconsin Avenue, Suite 1380  
Milwaukee, WI 53203-2289  
(414) 297-3214, ext. 8673  
TTY Number: (414) 297-1423

**HUD - FT. WORTH HUB****LITTLE ROCK OFFICE**

Suite 900  
TCBY Tower  
425 West Capitol Avenue  
Little Rock, AR 72201-3488  
(501) 324-5931  
TTY Number: (501) 324-5931

**NEW ORLEANS OFFICE**

Ninth Floor  
Hale Boggs Federal Building  
501 Magazine Street  
New Orleans, LA 70130-3099  
(504) 589-7200  
TTY Number: (504) 589-7279

**FT. WORTH OFFICE**

801 Cherry Street  
P.O. Box 2905  
Fort Worth, TX 76113-2905  
(817) 978-5965  
TTY Number: (817) 978-5595

**HOUSTON OFFICE**

Suite 200  
Norfolk Tower  
2211 Norfolk  
Houston, TX 77098-4096  
(713) 313-2274  
TTY Number: (713) 834-3274

**SAN ANTONIO OFFICE**

106 South St. Mary's, Suite 405  
San Antonio, TX 78205  
(210) 475-6800  
TTY Number: (210) 475-6885

**HUD - GREAT PLAINS****DES MOINES OFFICE**

Room 239  
Federal Building  
210 Walnut Street  
Des Moines, IA 50309-2155  
(515) 284-4583  
TTY Number: (515) 284-4728

**KANSAS CITY OFFICE**

Room 200  
Gateway Tower II  
400 State Avenue  
Kansas City, KS 66101-2406  
(913) 551-5462  
TTY Number: (913) 551-6972

**OMAHA OFFICE**

Executive Tower Centre  
10909 Mill Valley Road  
Omaha, NE 68154-3955  
(402) 492-3122  
TTY Number: (402) 492-3183

**ST. LOUIS OFFICE**

Third Floor  
Robert A. Young Federal Building  
1222 Spruce Street, Room 3.207  
St. Louis, MO 63103-2836  
(314) 539-6583  
TTY Number: (314) 539-6331

**OKLAHOMA CITY OFFICE**

500 West Main Street  
Suite 400  
Oklahoma City, OK 73102-2233  
(405) 553-7401  
TTY Number: 1-800-877-8339

**HUD - DENVER HUB**

**DENVER OFFICE**

633 17th Street  
Denver, CO 80202-3607  
(303) 672-5343  
TTY Number: (303) 672-5113

**HUD - SAN FRANCISCO HUB**

**PHOENIX OFFICE**

One North Central #600  
Phoenix, AZ 85004  
(602) 379-7149  
TTY Number: (602) 379-4557

**SAN FRANCISCO OFFICE**

Philip Burton Federal Building and U.S. Courthouse  
450 Golden Gate Avenue  
P.O. Box 36003  
San Francisco, CA 94102-3448  
(415) 436-8356  
TTY Number: (415) 436-6594

**HONOLULU OFFICE**

500 Ala Moana Boulevard, Suite 3A  
Honolulu, HI 96813  
(808) 522-8185  
TTY Number: (808) 522-8193

**HUD - LOS ANGELES HUB**

**LOS ANGELES OFFICE**

611 West 6th Street  
Suite 800  
Los Angeles, CA 90017-3106  
(213) 894-8000  
TTY Number: (213) 894-8133

**HUD - SEATTLE HUB****PORTLAND OFFICE**

400 Southwest Sixth Avenue  
Suite 700  
Portland, OR 97204-1632  
(206) 220-5241  
TTY Number: (206) 220-5254

**ANCHORAGE OFFICE**

949 East 36<sup>th</sup> Avenue, Suite 401  
Anchorage, AK 99508  
(206) 220-5241  
TTY Number: (206) 220-5254

**SEATTLE OFFICE**

909 First Avenue, Suite 200  
Seattle, WA 98104  
(206) 220-5241  
TTY Number: (206) 220-5254



