

ROSS FY 2001 FUNDING

PART V

RESIDENT SERVICE DELIVERY MODELS

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

OVERVIEW

PROGRAM DESCRIPTION

Resident Service Delivery Models (Families). This grant provides services to assist eligible public and Indian housing residents to become economically self-sufficient, particularly families with children where the head of household would benefit from the receipt of supportive services and is working, seeking work, or is preparing for work by participating in job-training or education programs. Grants provide support for program activities essential to facilitate economic uplift and provide access to the skills and resources needed for employment, job development, and business development.

Resident Service Delivery Models (Elderly). This grant category provides supportive services for elderly residents and persons with disabilities.

ELIGIBLE APPLICANTS

- ?? Family grants – PHAs/tribes/Tribally Designated Housing Entities (TDHEs) on behalf of public and Indian housing residents, or directly to resident management corporations, resident councils, resident organizations (known collectively as RAs), or nonprofit entities supported by residents. Intermediary Resident Organizations (IROs) with IRS 501(c) designation are eligible to apply as nonprofit entities supported by residents.
- ?? Elderly Disabled grants – PHAs, tribes, TDHEs, and nonprofits supported by a duly elected resident council.
- ?? Intermediary Resident Organizations with IRS 501(c) designation may apply as nonprofits.
- ?? FY 2000 ROSS applicants may apply for FY 2001. In FY 2001, HUD will not fund duplicate applications from FY 2000.

NUMBER OF APPLICATIONS PERMITTED

- ?? PHAs/tribes/TDHEs may submit one application for either a family grant or an elderly grant.
- ?? RAs (including RCs, ROs, and RMCs) may only submit one family grant application.
- ?? Nonprofits (including IROs with 501(c) designation) may submit either a family grant or an elderly grant application.

ELIGIBLE PARTICIPANTS

Program participants must be residents of conventional public or Indian housing. Persons receiving other types of housing assistance are not eligible.

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ELIGIBLE ACTIVITIES

Funds may be used for the activities described below, according to whether the application is for the family category, or elderly and disabled category. Please note that the cost of preparing your application is **not** an eligible grant expenditure.

Family Only

Program Coordinator. You are encouraged to include a Program Coordinator for the entire term of your RSDM grant. A Program Coordinator is a person who is responsible for coordinating various proposed activities to ensure that their accomplishments will assist in achieving overall grant goals and objectives.

Physical improvements. To provide space for self-sufficiency activities for residents, i.e. to provide cosmetic and repairs for space to conduct community activities; to make modifications to promote accessibility for persons with disabilities; or to expand existing community space for proposed ROSS activities. Physical improvements **may not exceed 50%** of the total grant amount and must be directly related to providing space for self-sufficiency activities for residents. Refer to Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local and Indian Tribal Governments. Physical improvements include the following:

- ?? Renovation, conversion, 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.
- ?? The renovation, conversion, or combination of vacant dwelling units in a housing development to create common areas to accommodate the provision of supportive services is an eligible activity for physical improvement.
- ?? The renovation of existing common areas in a housing development to accommodate the provision of supportive services.
- ?? The renovation or repair of facilities located near the premises of one or more housing developments to accommodate the provision of supportive services.
- ?? If renovation, conversion, or repair is done off-site, you must provide documentation that you have control of the proposed property for not less than 2 years and preferably for 4 years or more. Control can be evidenced through a lease agreement, ownership documentation or other appropriate documentation.
- ?? All renovations must meet appropriate accessibility requirements.

Entrepreneurship training. (literacy training, computer skills training, business development planning).

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Family Activities (continued)

Entrepreneurship development. (entrepreneurship training curriculum, entrepreneurship courses).

Micro/Loan fund. Developing a strategy for establishing a revolving micro/loan fund and/or capitalizing a loan fund. Other eligible costs include licensing, bonding, and insurance needed to operate a business. Revolving loan funds can not be used for acquisition, disposition, or physical development.

Developing credit unions. Developing a strategy to establish and/or create onsite credit union(s) to provide financial and economic development initiatives to PHA housing residents. (RSDM grant funds cannot be used to capitalize a credit union.) The credit union can support the normal financial management needs of the community (i.e., check cashing, savings, consumer loans, micro-businesses money management, home buyer counseling educational loans, and other revolving loans).

Individual Development Accounts. Activities or programs that encourage residents to contribute to matched savings accounts known as Individual Development Accounts (IDAs). These programs include financial counseling and education activities. (RSDM funds may not be used as matching funds for residents' saving accounts.)

Employment training and counseling. Job training, establishing registered apprenticeship programs, preparation and counseling, job search assistance, job development and placement, and supportive services for persons participating in job training and apprenticeship activities.

Employer linkage and job placement.

Family Only - Supportive Services Activities

The provision of services to assist eligible residents to become economically self-sufficient, particularly families with children where the head of household would benefit from the receipt of supportive services and is working, seeking work, or is preparing for work by participating in job-training or educational programs. Eligible supportive services may include, but are not limited to:

- ?? Child care, of a type that provides sufficient hours of operation and serves appropriate ages as needed to facilitate parental access to education and job opportunities.
- ?? Computer-based educational opportunities, skills training, and entrepreneurial activities.
- ?? Homeownership training and counseling, development of feasibility studies and preparation of homeownership plans/proposals.

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Family Activities (continued)

- ?? Education including but not limited to: remedial education; computer skills training; career counseling; literacy training; assistance in the attainment of certificates of high school equivalency; two-year college tuition assistance; trade school assistance; youth leadership skills and related activities (activities may include peer leadership roles training for youth counselors, peer pressure reversal, life skills, goal planning). Academic support shall not be limited to TANF recipients.
- ?? Youth mentoring of a type that mobilizes a potential pool of role models to serve as mentors to public or Indian housing youth. Mentor activities may include after-school tutoring, help with problem resolution issues, illegal drugs avoidance, job counseling, or mental health counseling.
- ?? Transportation costs, as necessary to enable any participating family member to receive available services to commute to his or her training or supportive services activities or place of employment.
- ?? Personal well-being (e.g., family/parental development counseling, parenting skills training for adult and teenage parents, self-development counseling, support groups/counseling for victims of domestic violence, and/or families with a mentally ill member, etc.).
- ?? Supportive health care services (e.g. outreach and referral services to substance and alcohol abuse treatment and counseling, mental health services, wellness programs). Food costs that are directly associated with actual nutrition and health training are an eligible grant expenditure. These are not food costs associated with entertainment.
- ?? Contracting for case management services or employment of case managers, either of which must ensure confidentiality about resident's disabilities.
- ?? Establishing and/or operating Neighborhood Network Centers that use computer technology and telecommunications for job training, after school youth programs, education, and health activities.
- ?? Administrative costs not to exceed 20% of the grant amount.
- ?? Stipends. No more than \$200 per participant per month of the grant award may be used for stipends for active trainees and program participants to cover the reasonable costs related to participation in training and other activities.

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Elderly and Disabled - Supportive Services Activities

Such activities may include, but are not limited to:

- ?? Meal service adequate to meet nutritional need;
- ?? Assistance with daily activities;
- ?? Housekeeping aid;
- ?? Transportation services;
- ?? Wellness programs, preventive health education, referral to community resources;
- ?? Personal emergency response;
- ?? Congregate services - includes supportive services that are provided in a congregate setting at a conventional public housing development; and
- ?? Case management.

- ?? Administrative costs not to exceed 20% of the grant amount.

Program Coordinator. You are encouraged to include a Program Coordinator for proposed RSDM activities for the entire term of your grant. A Program Coordinator is a person who is responsible for coordinating various proposed activities to ensure that their accomplishment will assist in achieving overall grant goals and objectives.

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. All parties in a joint application (lead or non-lead) are considered to be applying for ROSS and are therefore subject to the limit of one ROSS application per applicant, with the exception of those Public Housing Service Coordinator applicants that may also apply in one additional ROSS category. Both lead and non-lead applicants are subject to threshold requirements.

Joint applications may include any eligible applicants. Any eligible applicant in a joint application may serve as the lead applicant. A **single application** should be submitted on behalf of all applicants applying jointly. Joint applications must provide evidence of resident support. The maximum funding for joint applications cannot exceed the sum of the individual grants.

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APPLICATION SELECTION PROCESS

All applications are due no later than **June 26, 2001**. Three types of reviews will be conducted: a screening to determine if the application submission is complete and on time; a threshold review to determine applicant eligibility; and a technical review to rate your application based on five rating factors listed in the NOFA. A minimum score of **70** is required to be considered for funding.

If you are an applicant (other than a PHA, tribe, or TDHE) proposing physical development activities, HUD will perform an environmental review (to the extent required by 24CFR Part 50) prior to award. The results of the environmental review may require that proposed activities be modified or proposed sites rejected.

HUD will first select the highest ranked application from each of the ten Federal regions or ONAP for funding. After this "round," HUD will select the second highest ranked application in each of the ten Federal regions or ONAP 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 ONAP 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 or ONAP and will fully fund as many as possible with remaining funds.

In addition, if all funds are not awarded in this funding category, funds are transferable to other funding categories in this NOFA.

The selection process is designed to achieve both geographic diversity and a more equitable distribution of grant awards throughout the country.

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

APPLICATION CHECKLIST

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this _____ day of _____, 2001.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: _____

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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COVER MATERIALS (See Part II of this application kit for forms in this tab.)

- Application Checklist _____
- Application Cover Sheet _____
- Application for Federal Assistance
(Standard Form SF-424) _____
- Federal Assistance Funding Matrix
(Form HUD-424M) _____
- Standard Form for Budget Information
Non-Construction Programs (SF-424A) _____
- Assurances – Non-Construction
Programs (Form SF-424B) _____
- ROSS Fact Sheet _____
- ROSS Program Summary _____

TAB 1: Threshold Requirements

- Threshold Checklist _____
- Certification on Resident Affected by Welfare
Reform (Family RSDM Applicants Only) _____

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECKLIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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- | | | |
|--|-------|-------|
| <input type="checkbox"/> Elderly Housing Development Certification (Elderly RSDM Applicants Only) | _____ | _____ |
| <input type="checkbox"/> Accessible Community Facility –Description or Executed Use Agreement (if facility provided is not a PHA) | _____ | _____ |
| <input type="checkbox"/> Match Agreements-Not less than 25% of grant requested | _____ | _____ |
| <input type="checkbox"/> Physical Improvements (Only for applicants proposing physical improvements)
--A description of the renovation or conversion to be conducted, along with a budget and timetable for those activities
--A firm commitment of assistance from one or more sources enduring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities. | _____ | _____ |
| <input type="checkbox"/> Certificate of Compliance with either 24 CFR Part 84 or 85 or Contract Administrator Signed Statement (not for Tribes/TDHEs or non-troubled PHAs) | _____ | _____ |
| <input type="checkbox"/> Proof of Nonprofit Status (RA, IRO, and Nonprofit Applicants Only). IROs must have 501 (c) status. | _____ | _____ |
| <input type="checkbox"/> Certification of Resident Council Board Election (RA Applicants Only) | _____ | _____ |
| <input type="checkbox"/> List of RAs to Be Served and Letters of Support from RAs | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements Certification | _____ | _____ |

TAB 2: Capacity of the Applicant and Relevant Organizational Experience

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Chart A: Program Staffing | _____ | _____ |
| <input type="checkbox"/> Narrative on proposed staffing and coordination among service providers | _____ | _____ |

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

APPLICATION CHECKLIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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- | | | |
|---|-------|-------|
| <input type="checkbox"/> Chart B: Applicant/Administrator Track Record | _____ | _____ |
| <input type="checkbox"/> Organization Chart | _____ | _____ |
| <input type="checkbox"/> Staff Position Descriptions | _____ | _____ |
| <input type="checkbox"/> Staff Resumes or Background/
Experience Descriptions | _____ | _____ |
| <input type="checkbox"/> Narrative on program administration and
fiscal management structure | _____ | _____ |

TAB 3: Needs/Extent of Problem

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Needs Assessment Report | _____ | _____ |
| <input type="checkbox"/> Narrative on level of priority in Consolidated Plan/IHP | _____ | _____ |

TAB 4: Soundness of Approach

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Narrative describing proposed services | _____ | _____ |
| <input type="checkbox"/> Narrative on resident contracting and employment | _____ | _____ |
| <input type="checkbox"/> Chart C: Summary Budget Line Items | _____ | _____ |
| <input type="checkbox"/> Chart D: Budget Work Plan Summary, Parts I and II | _____ | _____ |
| <input type="checkbox"/> Narrative on program assessment | _____ | _____ |
| <input type="checkbox"/> Narrative on resident involvement and other
partnerships | _____ | _____ |
| <input type="checkbox"/> Narrative on relationship coordination | _____ | _____ |

TAB 5: Leveraging Resources

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Narrative on the contributions, roles, and
responsibilities of each partner | _____ | _____ |
|---|-------|-------|

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APPLICATION CHECKLIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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TAB 6: Comprehensiveness and Coordination

- Narrative demonstrating review of Consolidated Plan/IHP _____
- Narrative on coordination w/ State/local welfare plan _____
- Narrative on coordination with other activities _____
- Certification of Consistency w/ the Consolidated Plan _____
- Certification of Consistency w/ the Indian Housing Plan (Tribes/TDHEs only) _____

TAB 7: Bonus Points

- EZ/EC Certification _____
- Certification of an Apprenticeship Program _____

TAB 8: Other Certifications and Assurances

(See Section VII of this Application Kit for all forms in this tab.)

- Certification for a Drug-Free Workplace (Form HUD-50070) _____
- Certification of Payments to Influence Federal Transactions (Form HUD 50071), and if applicable, Disclosure of Lobbying Activities (Form SF- LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A) _____
- Applicant/Recipient Disclosure/Update Report (Form HUD-2880) _____
- Certification Regarding Debarment and Suspension (Form HUD-2992) _____
- Acknowledgment of Application Receipt (Form HUD-2993) _____

ROSS FY 2001 FUNDING

RESIDENT SERVICE DELIVERY MODELS

TAB 1

THRESHOLD REQUIREMENTS

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

THRESHOLD CHECKLIST

Applicant: _____

Date: _____

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See NOFA, Section VI (A) & (D) and General SuperNOFA Section II).

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1. Certification on Residents Affected by Welfare Reform (Family applicants only)	_____	_____
2. Elderly Housing Development Certification (Elderly applicants only)	_____	_____
3. Accessible Community Facility Description or Executed Use Agreement (if facility provided is not a PHA)	_____	_____
4. Match Agreements	_____	_____
5. Physical Improvements (Only for applicants proposing physical improvements)	_____	_____
6. Certification of Compliance with either 24 CFR Part 84 or 85 or Contract Administrator Signed Statement (not for Tribes/TDHE or non-troubled PHAs)	_____	_____
7. Proof of Applicant Nonprofit Status (RA, IROs, and non-profit applicants only)	_____	_____
8. Certification of Resident Board Election (RA applicants only)	_____	_____
9. List of RAs to be Served and Letters of Support from RAs	_____	_____
10. Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements Certification	_____	_____

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

Applicant: _____

Date: _____

THRESHOLD REQUIREMENTS

1. Focus on Residents Affected by Welfare Reform. This requirement is not applicable to your program if it serves the elderly or persons with disabilities. Your Family RSDM application must contain a certification (using the certification provided below) that at least 51% of residents to be included in your proposed program are affected by welfare reform.

**RSDM CERTIFICATION ON RESIDENTS AFFECTED
BY WELFARE REFORM**

I certify that a total of _____ people reside in the housing developments listed below, which are targeted for activities during the proposed RSDM grant.

This proposed RSDM grant will serve a total of _____ residents. Included in the recipients to be served are residents affected by welfare reform who are either:

- (1) Currently eligible to receive, are currently receiving, or shall have received within the preceding 4 years assistance or services funded under Temporary Assistance for Needy Families (TANF), SSI, or Food Stamps.
- (2) Elderly or disabled persons, otherwise not affected by welfare reform, who will provide services such as child care or mentoring to families affected by welfare reform.

I certify that _____% of residents to be served are affected by welfare reform, as defined above. **At least 51% of residents must be affected by welfare reform for your application to meet the threshold requirement of this NOFA.**

Signed this _____ day of _____, 2001.

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

Applicant: _____

Date: _____

2. Elderly Housing Development Certification. You must certify that at least 25% of the residents in the development(s) proposed for the grant activities are elderly and/or non-elderly people with disabilities.

**RSDM ELDERLY HOUSING
DEVELOPMENT CERTIFICATION**

I CERTIFY that _____% of the residents in the development(s) proposed for the grant activities are elderly and/or non-elderly people with disabilities at the time of the application; thereby meeting or exceeding the 25% requirement.

Signed this _____ day of _____, 2001.

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant: _____

Date: _____

3. Accessible Community Facility. You must provide evidence (e.g., an executed use agreement and/or MOU if the facility will be provided **by an entity other than your organization**) that a majority of your proposed activities will be administered at accessible community facilities within easy transportation access of your property. The facilities must be within walking distance or accessible by direct (i.e. no transfers required), convenient, inexpensive, and reliable transportation. Any community facilities must meet the structural accessibility requirements of Section 504 of the *Rehabilitation Act* and the *Americans with Disabilities Act* --this **must** be stated in your narrative, executive use agreement, or MOU.

Provide a description of the location where training and other activities will be held. Describe where the facility is located in relation to the development(s) to be served, the days and hours of operation, how transportation needs to the facility will be addressed, and how the facility will be accessible to persons with disabilities. Also described whether the facility to be used is currently in operation, if not, what steps will be taken to adequately operate the facility. If the PHA/tribe/TDHE is providing the community facilities for the implementation of grant activities, all accessibility requirements as noted above **must** be incorporated into the MOU between the applicant and the PHA/tribe/TDHE, or into a separate document.

You must attach an executed agreement and/or MOU between the applicant and other entity providing community facilities. **If a PHA/tribe/TDHE applicant is using its own property** as a community facility, it is still required to provide a narrative to address **all** details requested for this threshold requirement.

4. Match Requirement. You must supplement grant funds with a cash and/or in-kind contribution match of not less than at least 25% of the grant amount. The match may include: cash and/or the value of in-kind services, contributions or administrative costs provided to you; funds from Federal sources (but not ROSS funds); funds from any State, local, or tribal Government sources; and funds from private contributions. Any services such as child care or mentoring provided to non-TANF recipients by residents who are elderly or persons with disabilities will **not** be counted toward your match requirement. You may also satisfy the match by establishing the in-kind value of computer and office equipment, software, and space used for training in computer technology, education/employment, or skill development for self-sufficiency programs, such as Twenty/20 Education Communities (TEC Centers) or Neighborhood Network Centers. Refer to the NOFA, Section VI (A) (6) (c-d) for guidelines on how to value in-kind contributions such as volunteer time.

Your application must demonstrate that the resources and services you will use as match amounts (including resources from your Comprehensive Grant, other governmental units/agencies of any type, and/or private sources, whether for-profit or not-for-profit) are firmly committed and will support your proposed grant activities. "Firmly committed" means there must be a written agreement to provide the resources and services signed by an official legally able to make commitments on behalf of the organization. The written agreement may be contingent upon you receiving a grant award.

Attach all separate firm commitments that equal at least 25% of the total RSDM grant amount requested.

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant: _____

Date: _____

5. Physical Improvements. Applicants proposing physical improvements for their Family RSDM grant **must** submit a description of the renovation or conversion to be conducted, along with a budget and timetable for those activities. Applicants must also demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided in the renovated facility for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this NOFA. Remember, physical improvement costs may not exceed 50% of the total grant amount requested.

6. Contract Administrator. Except for tribes/TDHEs and non-troubled PHAs, **you must provide either a signed certification from HUD or an Independent Public Accountant** that your financial management system and procurement procedures fully comply with either 24 CFR part 84 or 85, **or** your application **must** contain a **signed statement** that you will use the services of a Contract Administrator in administering your grant. However, applicants that are troubled PHAs are required to provide evidence that a Contract Administrator has been retained for the term of the grant.

Troubled PHAs are not eligible to be a Contract Administrator for RA applicants. Please note: If you intend to **pay** for the services of a Contract Administrator, you will be required to procure one through the competitive bidding process, as required by HUD regulation. This is not necessary if your intended Contract Administrator will provide services at no cost.

Please note: If the services of a Contract Administrator are to be included in grant expenses, the cost of a Contract Administrator is a separate budget line item and are not part of administrative costs.

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

**RSDM CONTRACT ADMINISTRATOR
PARTNERSHIP AGREEMENT**

SAMPLE ONLY

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

WHEREAS, the applicant is submitting this proposal for a Resident Service Delivery Model (RSDM) 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 RSDM application and agrees to provide technical assistance to the applicant in accordance with HUD's 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 shall be null and void.

Both parties herein fully understand and agree to the following:

Roles and Responsibilities

The CA agrees to oversee the administration of the RSDM grant that 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.

The CA agrees to conduct an educational needs assessment to determine the skills of each resident selected to participate in the various training programs designed by the applicant.

SAMPLE RSDM CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

Coordination of Grant Activities

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

- ?? Elected Officials
- ?? Area Enrichment Programs
- ?? Local Banks - Community Relations Departments
- ?? Chamber of Commerce - Small Business Development Programs
- ?? Community Development Agencies
- ?? Private Industry Council
- ?? Local and State Health and Human Services Agencies & Affiliates
- ?? Local Higher Education and Continuing Education Facilities
- ?? Local Independent School Districts
- ?? Community Social Services Organizations

Technical Assistance may also be provided on a variety of areas including but not limited to: general bookkeeping/record keeping procedures, procurement policies; banking procedures; and managing grant funds.

Program Assessment

The CA agrees to coordinate, conduct or assist the applicant in assessing the RSDM 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 selection of the applicant for RSDM 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 RSDM funding.

SAMPLE RSDM CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

The contracted amount for all services defined within the context of this contract is based on a _____ period of time beginning _____ and ending _____, or \$_____ for year one of the project, and \$_____ for year two of the project with year two beginning _____, and \$_____ for year three of the project with year three beginning _____. The installment payments shall be made in the amount of \$_____ to _____ upon submission of a Payment Voucher (PV) for costs incurred.

SAMPLE RSDM CONTRACT ADMINISTRATOR PARTNERSHIP AGREEMENT (continued)

Termination

The applicant may terminate this agreement within 60 calendar days of written notice to the U.S. 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 or
Other Authorized Representative

Executive Director

Date

Date

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

Applicant: _____

Date: _____

7. Applicant Nonprofit Status. Both RA and nonprofit applicants (other than Intermediary Resident Organizations) must submit evidence that the applicant is registered with the State as a nonprofit corporation at the time of application submission **OR** Section 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission. IRO applicants, as a condition of their status as eligible applicants, must have and present IRS 501 (c) designation.

Evidence of State incorporation for all nonprofit applicants shall be a copy of the Certificate of Incorporation or Certificate of Good Standing from the State government (Secretary of State or Secretary of Corporations). Evidence of a nonprofit applicant's 501(c) status shall be a copy of the IRS 501(c) designation.

8. 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*) _____

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Applicant: _____

Date: _____

9. List of RAs to be Served and Letters of Support from RAs. You must list in your application the name of the RAs that will receive training, technical assistance and/or coordinated supportive services **and** must submit letters of support from each entity identified in the application. Also acceptable is one statement of support for the application that is signed by each Resident Association to be served.

10. Compliance with General SuperNOFA General Threshold Requirements (General Section.)

Federally recognized Indian tribes must comply with the *Age Discrimination Act of 1975* and the *Indian Civil Rights Act*. Other applicants 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). If you, the applicant, **(a)** have been charged by the Secretary with a systemic violation of the *Fair Housing Act* alleging ongoing discrimination, **(b)** are the defendant in a *Fair Housing Act* lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination, or **(c)** have received a letter of noncompliance findings under Title VI of the *Civil Rights Act*, section 504 of the *Rehabilitation Act*, or section 109 of the *Housing and Community Development Act*, then you are not eligible to apply for funding under this NOFA until you resolve such charge, lawsuit, or letter of noncompliance findings under section 109 to the satisfaction of HUD. HUD will verify the applicant's compliance with this portion of the General SuperNOFA thresholds. You are **not** required to submit any documentation in your application.

To meet the additional General SuperNOFA Threshold Requirements, complete the following Certification of Consistency and Compliance with General SuperNOFA Requirements.

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

**CERTIFICATION OF CONSISTENCY AND COMPLIANCE WITH
GENERAL SUPERNOFA THRESHOLD REQUIREMENTS**

I CERTIFY that the proposed RSDM activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in the RMBD application to address the furtherance of fair housing.
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Act of 1975*, and section 109 of the *Housing and Community Development Act of 1974*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this _____ day of _____, 2001.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____
Applicant

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TAB 2

RATING FACTOR 1:

Capacity of the Applicant and Relevant

Organizational Experience

Insert the following items in this tab:

- ✍ ✍* Chart A: Program Staffing
- ✍ ✍* Narrative on proposed staffing and coordination among service providers
- ✍ ✍* Chart B: Applicant/Administrator Track Record
- ✍ ✍* Organization Chart
- ✍ ✍* Staff Position Descriptions
- ✍ ✍* Staff Resumes or Summary of Proposed Staff's Qualifications
- ✍ ✍* Narrative on program administration and fiscal management structure

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant: _____

Date: _____

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 points)

This factor addresses the extent to which your organization has the resources necessary to successfully implement your proposed activities in a timely manner.

Rating Factor 1(1): Proposed Program Staffing (7 points)

Provide a description of your staffing and program administration by providing the following items. (See NOFA, Section V(D), Rating Factor 1(1).)

- ?? A narrative description of your proposed project director and staff (including paid or volunteer day-to-day program manager, sub-recipients, and partners) in support of your proposed program and proposed coordination among service providers.
- ?? Completed Chart A: Program Staffing
- ?? Organization chart
- ?? Staff position descriptions
- ?? Resumes or titles and relevant professional background/experience of each staff position

Collectively, these items should identify the following:

- 1) An explanation of how your staffing plan is structured to accomplish your program objectives;
- 2) A staff person(s) who will have primary responsibility for effective overall coordination of your program on a day-to-day basis and what percentage of his/her time will be committed to this responsibility;
- 3) Names of responsible applicant staff and Contract Administrator staff persons, position descriptions, proposed roles in implementing the RSDM program, relevant skills, and percentage of time allocated to the program; and
- 4) A comprehensive break-out of who will provide training and related services and how the services will be delivered. Indicate who will conduct training: you, the Contract Administrator, a contractor, another applicant, or other partner.

Proposed Program Staffing (7 points)

- (a) Experience (4 points). Describe the knowledge and experience of your proposed project director and staff, including the day-to-day program manager. Also include staff for subrecipients 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.

- (b) Sufficiency (3 points). Describe the extent to which you, your subrecipients, and your partners have sufficient personnel to deliver your proposed activities in each proposed service area in a timely and effective fashion, including your readiness and ability to immediately begin your proposed work program. Alternatively, describe how you will be able to quickly access qualified experts or professionals. To demonstrate sufficiency, you must submit:
 - (1) the proposed number of staff years to be allocated to the project by employees and experts,
 - (2) the titles and relevant professional background and experience of each employee and expert proposed to be assigned to your program, and
 - (3) the roles to be performed by each identified employee and expert.

Chart A: RSDM PROGRAM STAFFING

Applicant Name: _____

I. APPLICANT STAFF				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant
Budget line item 2005 Program Coordination				
II.CONTRACTOR/CONSULTANT ROLE				
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program		
III.Contract Administrator				
Budget Line Item 9300 Contract Administrator				

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant: _____ **Date:** _____

Rating Factor 1(2): Program Administration and Fiscal Management (7 points)

Describe the proposed management structure of your proposed RSDM program. To receive a high score in Rating Factor 1, subfactors (2)(a) and (2)(b), you must provide a clear comprehensive description of the following:

- (a) Program Administration (4 points). Describe your project management structure, including the use of a Contract Administrator, if applicable (RAs and those PHAs designated as “troubled” by HUD **must** appoint or contract with a Contract Administrator). Describe how co-applicants, subgrantees, and other partner agencies relate to the program administrator as well as the lines of authority and accountability among all components of your proposed program.

- (b) Fiscal Management Structure (3 points). Describe in a comprehensive manner your fiscal management structure, including but not limited to budgeting, fiscal controls, and accounting. Clearly identify the staff responsible for fiscal management, and the processes and timetable for implementation during your proposed grant period.

Rating Factor 1(3): Applicant/Administrator Track Record (6 points)

Complete the Applicant/Administrator Track Record Chart in this tab (Chart B). A sample and blank chart are located in this Tab. Include in Chart B your or your Contract Administrator’s prior performance in successfully carrying out grant programs designed to assist residents in increasing their self-sufficiency, security, or independence.

To receive a high score, you must demonstrate your (or the proposed Contract Administrator’s) program compliance and successful implementation of any grant programs oriented to resident self-sufficiency, security, or independence. Grants in this category include, but are not limited to:

- ?? Economic Development and Supportive Services
- ?? Family Investment Center Program
- ?? Youth Development Initiative under the Family Investment Center Program
- ?? Youth Apprenticeship Program
- ?? Apprenticeship Demonstration in the Construction Trades Program
- ?? Urban Youth Corps Program
- ?? HOPE I Program
- ?? Public Housing or Section 202/8 Service Coordinator Program
- ?? Public Housing Drug Elimination Program
- ?? Section 8 Family Self-Sufficiency
- ?? Youthbuild
- ?? Youth Sports Program

- ?? Tenant Opportunities Program
- ?? Housing Counseling
- ?? HUD Nehemiah Program
- ?? Limited Equity Housing Cooperative Conversions
- ?? Resident services or empowerment programs sponsored by State or local governments or private foundations

SAMPLE – Chart B: RSDM APPLICANT/ADMINISTRATOR TRACK RECORD

Applicant: *Ourtown Housing Authority*

HUD PROGRAM	PROJECT NUMBER	% OF TERM COMPLETE	% FUNDS DRAWN DOWN	MAJOR GOAL #1	% COMPLETE	MAJOR GOAL #2	% COMPLETE
Youth Apprenticeship Program	PA99Y AP 002033	100%	75%	To enable 30 resident youth to complete community service programs.	90%	To enable 30 resident youth to complete apprenticeship training.	67%
Drug Elimination Grant	PA99D EP 003060	90%	80%	To train resident patrols in seven developments.	71%	To implement resident patrols in seven developments.	57%

Chart B: RSDM Applicant/Administrator Track Record
Applicant: _____

Program	Project No.	% of Term Complete	% of Funds Draw Down	Major Goal #1	% Complete	Major Goal #2	% Complete

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TAB 3

Rating Factor 2: Need/Extent of Problem

Insert the following items in this tab:

- ✍ ✍* Needs Assessment Report

- ✍ ✍* Narrative on level of priority in Consolidated Plan/Indian Housing Plan

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant Name: _____ Date: _____

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 activities. Your proposed activities should address a documented problem in the targeted development(s) – the development(s) where your proposed activities will be carried out. Your application will be evaluated on the extent to which you document a critical level of need in the targeted development(s). (See NOFA, Section V(D) Rating Factor 2.)

Rating Factor 2(1): Needs Assessment Document (18 points)

You **must** submit the attached **Needs Assessment Report** dealing with your proposed recipient population. At a minimum, the report must contain sections covering statistical or survey information on the needs of the recipient population and identifying existing resources to help meet the needs. HUD will award you up to **18 points** based on the quality and comprehensiveness of your Needs Assessment Report.

You should respond to all relevant questions on the following pages. A complete set of responses will provide HUD with a comprehensive and succinct presentation of the information required to demonstrate your need for RSDM funds.

B.

Describe: (1) various employment opportunities in the community that address the range of resident educational levels, skills, and other characteristics profiled in the previous page of this Needs Assessment Report; (2) any training programs between 1 week and 18 months long and supportive service (such as transportation) that would be required for public or Indian housing residents and are unique to each opportunity; and (3) the extent to which each opportunity provides a stable livelihood sufficient to support families with children.

(If you are applying for RSDM funds for elderly and/or persons with disabilities, you do not need to respond to the above question.)

C.

Key Subpopulations.

Based on the profile of the resident population and information on job opportunities, name key segments of your resident population that need training, economic development, or supportive services for family self-sufficiency or independent living for the elderly/persons with disabilities. Describe your need briefly.

1. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

2. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

3. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

4. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

5. Actual or Estimated % on TANF/SSI/other type of welfare:

Source of Data or Justify Estimate:

Population:

Need:

D.

Describe how the extent and nature of these needs are affected by welfare reform. Include in this discussion a brief summary of key provisions of your State, local, or tribal government's welfare reform plan that are applicable to the population you intend to serve.

(If you are applying for RSDM funds for elderly and/or persons with disabilities, you do not need to respond to the above question.)

E.

Specify the number of persons in the following categories and identify their roles:

1. Residents in your development employed by the applicant.

2. Residents in your development employed by the applicant's contractors.

3. Resident-owned businesses contracting with the applicant.

Also, indicate the percentage (%) of:

- (1) Applicant employees that are residents.

- (2) Applicant contractors that are resident-owned or who employ more than one PHA housing resident.

- (3) Applicant contract dollars that go to resident-owned businesses or to businesses that employ more than one PHA or Indian housing resident.

(If you are applying for RSDM funds for elderly and/or persons with disabilities, you do not need to respond to the above question.)

F.

Name existing service providers on-site or near your targeted public housing development(s) that currently serve residents and contribute to meeting needs you have identified for the development. Assess the differential between what is provided and the level of need that you have identified over the next 3 years.

1. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

2. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

3. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

4. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

5. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

6. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

7. Service Provider/Resource: _____
(Check one) On-Site _____ Not On-Site _____
Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider and type of service:

G.

Given the needs and resources identified, and the impact of welfare reform, summarize and prioritize unmet needs for family self-sufficiency or independent living for the elderly and disabled. (Family RSDM applications must focus on households affected by welfare reform.)

Priority unmet need 1

Priority unmet need 2

Priority unmet need 3

Priority unmet need 4

Priority unmet need 5

H.

Describe the goals, objectives, and program strategies that will result in the successful transition of residents from welfare to work, or in the case of elderly or disabled RSDM applicants, in increased independence for proposed program participants.

Rating Factor 2(2): Level of Priority in Consolidated Plan or Indian Housing Plan (2 points)

Below, describe how your proposed RSDM activities will conform to the community's Consolidated Plan or Indian Housing Plan. For small cities, this may be the State's Consolidated Plan. Document the level of priority that the Consolidated Plan places on the needs described under Rating Factor 2(1). Also, describe how your proposed activities will conform with other planning or legal documents, such as the area's Analysis of Impediments to Fair Housing Choice (AI) or a court order. (See NOFA, Section V (D), Rating Factor 2(2).)

To obtain a copy of your community's Consolidated Plan, contact the community development office of your local government or your local HUD Field Office. To obtain a copy of your community's Analysis of Impediments to Fair Housing Choice, contact the housing and community development office of your local government. Small cities that are Community Development Block Grant non-entitlement communities should contact the offices of their State government instead of their local government for copies of the Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice.

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TAB 4

Rating Factor 3: Soundness of Approach

Insert the following items in this tab:

- ✂ ✂ Narrative describing proposed services
- ✂ ✂ Narrative on resident contracting and employment
- ✂ ✂ Chart C: Summary Budget Line Items
- ✂ ✂ Chart D: Budget Work Plan Summary, Parts I and II
- ✂ ✂ Narrative on program assessment
- ✂ ✂ Narrative on resident involvement and other partnership
- ✂ ✂ Narrative on relationship coordination

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant: _____ Date: _____

Rating Factor 3: Soundness of Approach (40 points)

Describe in narrative form the rationale to support your proposed approach to this grant. Include statements concerning the viability and comprehensiveness of strategies to address the needs of residents; the budget appropriateness/efficient use of grant; the rate at which you can realistically accomplish the goals of your proposed RSDM program; the soundness of your plan to evaluate the success of your proposed RSDM program at completion and during program implementation; and resident and other partnerships.

You must use the chart formats in this Tab to reflect your narrative information. Chart C lists budget line items. Chart D provides a budget work plan summary for each budget line item. A sample of Chart D is provided in this tab.

Rating Factor 3(1): Viability and Comprehensiveness of the Strategies to Address the Needs of Residents (21 points)

Your application will be scored on this subfactor based on the viability and comprehensiveness of strategies to address the needs of residents.

Rating Factor 3(1)(a): Services (18 points for Family RSDM applicants and 21 points for Elderly/Disabled RSDM applicants)

Include a narrative discussion in this section to comprehensively describe all program activities (including physical improvements) - whether paid for by RSDM grant funds, or other sources and their relationship with each other. The description of each activity must include: objectives, beginning and completion dates, types of services, staff time, and dollar amounts over the 36-month time period. Activities, timetables, and activity milestones should be designed to sequentially and effectively lead towards accomplishment of the overall program objectives.

SPECIAL CONSIDERATIONS FOR FAMILY RSDM PROGRAMS:

A) Special Concerns in Designing Activities for Resident Service Delivery Models.

In order to receive maximum selection points in Rating Factor 3(1)(a), include each of the following types of activities:

- 1) Recruitment of residents to be served. Describe subgroups in your resident population to be targeted and methods to be used to recruit participants. All persons participating and receiving benefits from RSDM activities must be residents of conventional public or Indian housing.
- 2) Case management and counseling. Describe counseling for personal development (including, if applicable, mentoring, family counseling) and economic self-sufficiency (including, if applicable, career counseling, housing counseling, referrals to economic development activities, and child care/transportation referrals).
- 3) Economic development training. Describe job training and training residents to start and manage their own businesses.

- 4) Job development or placement services or resident business startup assistance. Describe, if applicable, employer linkage, job placement, providing startup capital or contracts for resident owned businesses, and/or assisting residents in establishing credit unions. To receive points under subfactor (1)(b), you must commit to hire 15% of adult residents in the development(s) targeted by the grant or contract with 15% of resident business, consistent with the goals of Section 3. To qualify for these points, you must describe in this section the number of jobs or contracts you will provide and include in a letter signed by applicant's Executive Director or other legally authorized official or a resolution from the Board of Directors committing to hire or contract with the specified number of residents. Indicate in this section where this letter can be found.
- 5) Child care. Describe child care services for parents who are working, looking for work, or enrolled in a training, education, or other support program.
- 6) Transportation. Describe the extent to which work training, supportive services or work placement includes location(s) requiring transportation. Transportation would generally be required to any work site located outside the development or on-site but far from living units.

If you are not proposing to use RSDM funding for these activities, you must show that you will provide these services with other funds or through specific commitments from partners.

SPECIAL CONSIDERATIONS FOR ELDERLY OR DISABLED RSDM PROGRAMS

In order for an application for elderly and disabled RSDM to receive maximum points in Rating Factor 3(a)(ii), you must describe the goals, objectives, and program strategies that will result in increased independence for proposed program participants. In addition, the proposed program must be located in a community facility, be available on a 12-hour per day basis or as needed, and include activities in the following categories:

- 1) Case management,
- 2) Health and personal care,
- 3) Congregate services, and
- 4) Transportation.

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant Name: _____ **Date:** _____

Rating Factor 3(1)(b): Resident Contracting and Employment (Family RSDM only – 3 points)

This rating subfactor applies only to Family RSDM submissions. Describe below how residents will achieve self-sufficiency through your contracting with resident-owned businesses and through resident employment. Describe the number of jobs or contract opportunities to be created. Describe your training process. A high score will require documentation – that is, a letter or resolution describing you or your partners' commitment to hire at least 15% of adult residents in the development(s) targeted by the grant or contract with at least 15% of residents.

Rating Factor 3(2): Budget Appropriateness/Efficient Use of Grant (5 points)

Your application will be scored for this subfactor based on the following:

- (a) Detailed budget break-out. Complete Chart C: Summary Budget Line Items, for your proposed activities. Complete Chart D: Budget Work Plan Summary, to provide a detailed budget for each budget line item.
- (b) Reasonable administrative costs. The extent to which administrative costs are at or below the 20% administrative cost ceiling. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies; travel; and utilities.
- (c) Budget efficiency. The extent to which your application requests funds commensurate with the level of effort necessary to accomplish the proposed goals and anticipated results.

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Chart C RSDM SUMMARY BUDGET LINE ITEMS

Applicant Name: _____ **Date:** _____

Please check specific budget amounts for each line item. These budget line items and amounts will be programmed into HUD's Line of Credit Control System (LOCCS) for designating and tracking uses of grant drawdowns.

BUDGET LINE ITEM	AMOUNT
2005 Program Coordinator (family or elderly)	_____
2010 Physical Improvements	_____
2020 Entrepreneur Business Development	_____
2021 Establishing A Revolving Loan Fund	_____
2022 Developing a Credit Union	_____
2030 Business Development	_____
2031 Develop Business Plan	_____
2032 Conduct Market Analysis	_____
2033 Secure Licensing, Insurance, Bonding	_____
2034 Training Related to Resident Owned Business	_____
2035 Establishment of Resident Managed Business Development	_____
2040 Resident Organization Development Activities	_____
2041 Organize Community	_____
2042 Operating Procedures	_____
2043 Develop MOU	_____
2044 Develop Plan for Technical Assistance	_____
2045 Consultant Contracts	_____
2046 Self Sufficiency Programs	_____
2050 Resident Management	_____
2051 Conduct Feasibility Study	_____
2052 Secure Training/Skills/Expertise	_____
2053 Develop MOU	_____
2054 Consultant	_____
2055 Secure T/A to Draft Contract	_____
2056 Negotiate Contract with PHA	_____
2057 Conduct Resident Training Preparation	_____

SUMMARY BUDGET INFORMATION (continued)

2060	Self Sufficiency Program	_____
2061	Program Coordinator	_____
2062	Physical Improvements	_____
2063	Employment and Job Readiness	_____
2064	Job Training	_____
2065	Management Related Employment Training	_____
2066	Vocational Training	_____
2067	Technical Assistance	_____
2070	Family Supportive Services	_____
2870	Elderly Supportive Services	_____
9100	Travel Costs	_____
9200	Other Resident Costs	_____
	(Stipends, Reimbursements)	_____
9300	Contract Administrator	_____
9400	Administrative and Other Costs	_____

SAMPLE PARTIAL WORKPLAN

CHART D: RSDM Budget Work Plan Summary – Part I

Applicant name: Behemoth Housing Authority (BHA)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2005 Program Coordinator TOTAL: \$ 15,000	BHA will donate donate 2/5 of time of employee to work on RSDM activities.		10,000	6/00-6/01
2010 Physical Improvements TOTAL: \$20,000	Add walls, install telephone line in office for Program Coordinator in Malcolm South Housing Development Community Center.		4,000	5/00-6/00
2020 Entrepreneur Bus. Dev. TOTAL: \$ 100,000				
2021 Establish a Revolving Loan Fund	Develop knowledge & funding base with Chamber of Commerce, First Bank & Green Fdn.	10,000		5/00-12/00
	Research & acquire insurance, bonding, licensing.	54,000		6/00-01/01
	Capitalize loan (Green Foundation, First Bank, People First Credit Union)		90,000	01/01
	Conduct outreach, interviewing, preliminary training for applicants for 10 loans (BHA)	6,000	2,000	12/00-06/01
2022 Develop a Credit Union				
	Send applicants to literacy, general education (Turner HS adult education div. Subgrantee) (BHA covering transportation and supplies)	10,000	5,000	12/00-06/01
	Send applicants to business development training courses (MLK Community College sub.) (BHA covering transportation and supplies)	20,000	7,000	12/00-06/01

CHART D: RSDM Budget Work Plan Summary – Part I

Applicant Name:

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/PARTNER FUNDS	ACTIVITY START/END DATE
2010 Physical Improvements TOTAL: \$				
2020 Entrepreneur Bus. Dev. TOTAL: \$				
2021 Establish a Revolving Loan Fund				
2022 Develop a Credit Union				
2030 Business Development TOTAL: \$				
2031 Develop Business Plan				
2032 Conduct Market Analysis				
2033 Secure Licensing, Insurance, Bonding				

CHART D: RSDM Budget Work Plan Summary – Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: Housing Authority, Contractor, Subgrantee, or other partners)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2034 Training Related to Resident Owned Business				
2035 Establishment of Resident Managed Business Development				
2040 Resident Organization Development Activities TOTAL: \$				
2041 Organize Community				
2042 Operating Procedures				
2043 Develop MOU				
2044 Develop Plan for Technical Assistance				

CHART D: RSDM Budget Work Plan Summary – Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2045 Consultant Contracts				
2046 Self Sufficiency Programs				
2050 Resident Management TOTAL: \$				
2051 Conduct Feasibility Study				
2052 Secure Training/Skills/ Expertise				
2053 Develop MOU				
2054 Consultant				

CHART D: RSDM Budget Work Plan Summary – Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2055 Secure T/A to Draft Contract				
2056 Negotiate Contract with PHA				
2057 Conduct Resident Training Preparation				
2060 Self Sufficiency Program TOTAL: \$				
2061 Program Coordinator				
2062 Physical Improvements				
2063 Employment and Job Readiness				

CHART D: RSDM Budget Work Plan Summary -- Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
2064 Job Training				
2065 Management Related Employment Training				
2066 Vocational Training				
2067 Technical Assistance				
2070 Family Supportive Svs TOTAL: \$				
2005 Program Coordinator TOTAL: \$				
2870 Elderly Supportive Svs TOTAL: \$				
9100 Travel Costs TOTAL: \$				
9200 Other Resident Costs (Stipends, Reimbursements) TOTAL: \$				

CHART D: RSDM Budget Work Plan Summary -- Part I (continued)

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FUNDS	ACTIVITY START/END DATE
9300 Contract Administrator TOTAL: \$				
9400 Admin. & Other Costs TOTAL : \$				

Chart D: RSDM Budget Work Plan Summary - Part II

Please insert below the totals for each Summary Budget Line Item to be included in your grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	RSDM GRANT TOTAL
2005 Program Coordinator	\$
2010 Physical Improvements	\$
2020 Entrepreneur Business Development	\$
2030 Business Development	\$
2040 Resident Organization Development Activities	\$
2050 Resident Management	\$
2060 Self Sufficiency Programs	\$
2070 Family Supportive Services	\$
2870 Elderly Supportive Services	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
1060 Supportive Services	\$
9100 Travel Costs	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
TOTAL of all RSDM Funds Requested	\$

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Applicant Name: _____ **Date:** _____

Rating Factor 3(3): Reasonableness of the Timetable (2 points for Family applicants and 4 points for elderly/disabled applicants)

The score in this factor will be based on the rate of response that you can realistically accomplish the goals of the proposed RSDM program. To receive a high score, you must demonstrate that your program will make substantial progress within the first 6 months after grant execution, including putting staff in place, finalizing partnership arrangements, completing the development of requests for proposals and achieving other milestones that are prerequisites for implementation of the program. In addition, you must demonstrate that your proposed timetable for all components of your proposed program is reasonable considering the size of the grant and your activities and that you can accomplish your objectives within the 36-month time limit. More points are awarded in the Elderly/Disabled RSDM application to balance other selections of the rating criteria where points are not applicable to Elderly/Disabled applicants.

Rating Factor 3(4): Program Assessment (3 points)

Your score in this factor will be based on the soundness of your plan to evaluate the success of your proposed RSDM program, both at the completion of your program and during program implementation. At a minimum, you must track the extent to which goals and objectives of your proposed program are achieved, which must include, if applicable, a plan for monitoring your Contract Administrator's performance. HUD will rate you more favorably if you can track specific measurable achievements for the use of program funds, such as number of residents employed, salary scales of jobs obtained, persons removed from welfare rolls 12 months or longer, number of elderly or disabled residents receiving supportive services, and number of persons receiving certificates for successful completion of training in careers such as computer technology. To receive a high score, you must provide a comprehensive narrative description of the program assessment system, including: identification of staff designated for program quality control, performance measures, automated systems for collecting program data, and your timetable for undertaking assessment activities.

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Applicant Name: _____

Date: _____

Rating Factor 3(5): Resident and Other Partnerships (9 points for Family RSDM applicants and 7 points for Elderly/Disabled applicants)

- (a) Resident Involvement in RSDM Activities (3 points for Family RSDM applicants and 4 points for Elderly/Disabled RSDM applicants). Describe the extent of proposed resident involvement in developing your proposed RSDM program. To receive a high score for this subfactor, you must describe the involvement of residents in the planning phase of this program, and a commitment to provide continued involvement in the implementation of your proposed activities.
- (b) Other Partnerships (3 points). The score in this factor will be based on the successful integration of partners into implementation of the proposed RSDM program. In order to receive a high score, you must provide a signed Memorandum of Understanding or other equivalent signed documentation that delineates the roles and responsibilities of each of the parties in your program and the benefits they will receive. (Include relevant MOUs or other equivalent agreements following the narrative under this rating subfactor.)

Provide a narrative in this section that includes information and is organized as follows:

- 1) Describe the division of responsibilities/management structure of your proposed partnership relative to the expertise and resources of your partners.
 - 2) Describe the extent to which the partnership as a whole addresses unmet resident needs; and
 - 3) Describe the extent to which the addition of partners provides the ability to meet needs that the applicant could not meet without the partners.
- (c) Overall Relationship Coordination (3 points – Family RSDM applicants -only). For your Family RSDM application, your score in this factor will be based on the extent of coordination between your proposed RSDM program and any existing or proposed programs within your jurisdiction. To receive a high score, you must provide a Memorandum of Understanding or other equivalent signed document that describes collaboration between your staff and residents on all of the specific components related to the work plan of the proposed RSDM program. Elderly/Disabled RSDM applications will not be scored on this criterion. (Include the relevant MOUs or equivalent signed documents following the narrative under this rating subfactor.)

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**RESIDENT SERVICE DELIVERY
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TAB 5

Rating Factor 4:

Leveraging Resources

Insert the following in this tab:

~~✍~~ Narrative on the contributions, roles, and responsibilities of each partner

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant Name: _____ Date: _____

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure community resources to be combined with HUD program resources to achieve your proposed RSDM program's purposes. (Note: financing is considered a community resource.) You must have at least a 25% cash or in-kind match to receive points under this rating factor. Leveraging in excess of 25% will receive a higher point value.

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. Your budget (in Tab 4) must reflect leveraged resources. HUD's rating under this factor will be based on firm commitments of funds or the value of personnel, facilities, equipment, or other in-kind resources. "Firmly committed" means there is a written agreement to provide the resources. The agreement may be contingent on your receiving RSDM funding. (See NOFA, Section V(D), Rating Factor 4.)

Provide detailed narrative information on each partner and their contribution(s).

(1) Specify the roles and responsibilities of each partner relative to the proposed RSDM program. (Partners that will administer RSDM funds should be designated "subgrantees.")

(2) Specify the amount and type of resources and services that your partner firmly commits to contribute to your grant program, including your supplemental grant funds with a cash and/or in-kind contribution match of not less than 25% of the grant amount. In valuing volunteer time or services and donated items, use the guidelines in the NOFA, Section VI (A) (5) (c-d).

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RESIDENT SERVICE DELIVERY MODELS

TAB 6

Rating Factor 5:

Comprehensiveness and Coordination

Insert in this tab the following:

- ~~///~~ Narrative demonstrating review of Consolidated Plan or Indian Housing Plan
- ~~///~~ Narrative on coordination with State, local, or tribal welfare plan
- ~~///~~ Narrative on coordination with other activities
- ~~///~~ Certification of Consistency with the Consolidated Plan (HUD Form 2991)

OR

- ~~///~~ Certification of Consistency with the Indian Housing Plan

ROSS FY 2001 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant Name: _____ Date: _____

Rating Factor 5: Comprehensiveness and Coordination (10 points)

This factor addresses the extent to which your program reflects a coordinated, community-based process of identifying needs and building a system to address needs by using available HUD funding resources and other resources available to the community.

Rating Factor 5(1): Coordination with Consolidated Plan or Indian Housing Plan (2 points for Family RSDM applicants and 6 points for Elderly/Disabled RSDM applicants).

Provide a narrative that demonstrates you have reviewed the community's Consolidated Plan, Indian Housing Plan, and/or Analysis of Impediments to Fair Housing Choice. Describe how your proposed activities address the priorities, needs, goals, or objectives in those documents, or otherwise substantially further fair housing choice in the community.

Also, complete the Certificate of Consistency with the Consolidated Plan or Certification of Consistency with the Indian Housing Plan in this tab.

Rating Factor 5(2): Coordination with State, Local, or Tribal Welfare Plan/Community Consolidated Plan/Other Activities (4 points – Family RSDM applicants only).

Provide evidence that your proposed RSDM program has been coordinated with and supports your PHA's/tribe's efforts to increase resident self-sufficiency, and is coordinated and consistent with the State, local, or tribal welfare plan.

Rating Factors 5(3): Coordination with Other Activities: (4 points for Family RSDM applicants and 6 points for Elderly/Disabled RSDM applicants).

To the extent possible, you should also demonstrate that, in carrying out program activities, you will develop linkages with: other HUD-funded program activities proposed or ongoing in the community; or other State, Federal, or locally funded activities proposed or ongoing in the community, which taken as a whole, support and sustain a comprehensive system to address needs.

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: _____

**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: _____

ROSS FY 2001 FUNDING

**RESIDENT SERVICE DELIVERY
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TAB 7

Bonus Points

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Applicant Name: _____ **Date:** _____

Bonus Points:

Location of RSDM Activities in an Enterprise Community or Empowerment Zone

You will receive **2 bonus points** if: (1) your eligible activities or projects are located in high performing federally designated Empowerment Zones, Enterprise Communities, or Urban Enhanced Enterprise Communities; (2) your eligible activities serve EZ/EC residents; and (3) your eligible activities are certified to be consistent with the Strategic Plan of the EZ or EC.

If any of the RSDM activities will be located in or will serve the population of a high performing federally designated Empowerment Zone, Enterprise Community, or Urban Enhanced Enterprise Community, describe the extent to which the activities will be coordinated with the Empowerment Zone or Enterprise Community Strategic Plan. Complete the Certification of Consistency with EZ/EC in this Tab. A list of EZ/EC contacts may be obtained from the HUD SuperNOFA Center at 1-800-HUD-8929 or the HUD web site, www.hud.gov.

Activities related to the establishment of or participation in an apprenticeship program.

You will receive **2 bonus points** if you certify (using the Certification of Apprenticeship Program) that the proposed activities in this FY 2001 Family RSDM Application are related to the establishment of or participation in a formalized, structured apprenticeship training program approved and registered by the U.S. Department of Labor, Bureau of Apprenticeship and Training (BAT), or a BAT-recognized State Apprenticeship Agency (SAC).

To find a list of Department of Labor, Employment and Training Administration regional, state, and local contacts, visit the Internet web site, <http://wdr.doleta.gov/contacts>.

Certification of Consistency with the 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, or a Strategic Planning Community.

(Type or clearly print the following information)

Applicant Name _____

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

Name of EZ/EC _____

I further certify that the proposed activities/projects will be located within the EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the EZ/EC/Urban Enhanced EC or Strategic Planning Community residents. (2 points)

Name of the
Official Authorized
to Certify the EZ/EC _____

Title _____

Signature _____

Date (mm/dd/yyyy) _____

**ROSS FY 2001 FUNDING
RESIDENT SERVICE DELIVERY MODELS**

CERTIFICATION OF APPRENTICESHIP PROGRAM

I certify that the proposed activities in this FY 2001 Family RSDM Application are related to the establishment of or participation in a formalized, structured apprenticeship training program approved and registered by the U.S. Department of Labor, Bureau of Apprenticeship and Training (BAT), or a BAT-recognized State Apprenticeship Agency (SAC).

Signed this _____ day of _____, 2001.

By: _____
Applicant Chief Executive Official

For: _____
Applicant Name

ROSS FY 2001 FUNDING

RESIDENT SERVICE DELIVERY MODELS

TAB 8

CERTIFICATIONS AND ASSURANCES

You must insert in this tab the following signed forms, which are threshold requirements of the SuperNOFA. Blank copies of these forms can be found in Part VII of this application kit.

- ~~☞~~ Certification for a Drug-Free Workplace (Form HUD-50070)
- ~~☞~~ Certification of Payments to Influence Federal Transactions (Form HUD-50071), and if applicable, Disclosure of Lobbying Activities (Form SF-LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A)
- ~~☞~~ Applicant/Recipient Disclosure/Update Report (Form HUD-2880)
- ~~☞~~ Certification Regarding Debarment and Suspension (Form HUD-2992)
- ~~☞~~ Acknowledgement of Application Receipt (Form HUD-2993)

