

ROSS FY 2001 FUNDING

PART VI

SERVICE COORDINATORS FOR ELDERLY AND PERSONS WITH DISABILITIES

ROSS FY 2001 FUNDING SERVICE COORDINATORS

OVERVIEW

PROGRAM DESCRIPTION

The Service Coordinator program for the elderly and/or persons with disabilities provides funding for the employment and support of service coordinators in public housing developments designated for the elderly and/or persons with disabilities. These elderly and disabled service coordinators help residents obtain supportive services that are needed to enable independent living and aging in place.

Only renewals of FY 1995 Public Housing Elderly and Disabled Service Coordinator grants will be funded under this NOFA; **no** applications from other PHAs for new Service Coordinator grants will be accepted.

ELIGIBLE DEVELOPMENTS AND PARTICIPANTS

To be eligible, a development must have elderly and/or persons with disabilities who together total at least 25% of the building's residents.

ELIGIBLE APPLICANTS

This funding category provides grants to PHAs with developments designated for the elderly and persons with disabilities who were initially awarded Service Coordinator grants in FY 1995. No new applications from other PHAs will be accepted for Service Coordinator grants.

ELIGIBLE ACTIVITIES

Service Coordinator grant funds may be used for the following activities:

?? Service Coordinator. Grant funds from this category may be used to pay for the salary, fringe benefits, and related administrative costs for employing a service coordinator. A Service Coordinator is a social service staff person hired or contracted by the PHA. The 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 that development. The Service Coordinator, however, may not require any elderly person or person with disabilities to accept the supportive services. For the purposes of this program, a Service Coordinator is any person who is responsible for one or more of the following functions:

ROSS FY 2001 FUNDING SERVICE COORDINATORS

- ?? Working with community service providers to coordinate the provision of services and to tailor the services to the needs and characteristics of eligible residents;
- ?? Establishing a system to monitor and evaluate the delivery, impact, effectiveness and outcomes of supportive services under this program;
- ?? Coordinating this program with other independent living or self-sufficiency, education and employment programs;
- ?? Performing other duties and functions to assist residents to remain independent, and to prevent unnecessary institutionalization; and
- ?? Mobilizing other national and local public/private resources and partnerships.
- ?? Administrative costs. Not to exceed 20% of the total grant requested.

INELIGIBLE COSTS

Applicants may not use these monies to replace current funding from other sources for a Service Coordinator or for some other staff person who performs Service Coordinator functions. Furthermore, the cost of application preparation is not an eligible use of Service Coordinator grant funds.

GRANT TERM

The grant term for the Service Coordinator category is 12 months.

MAXIMUM GRANT AMOUNT

The grant amount for the Service Coordinator category cannot exceed the highest amount approved for a 1-year period of the most recently funded Service Coordinator grant of the applicant. HUD will approve an increase up to 2 percent over this amount if supported by a narrative justification.

JOINT APPLICATIONS

Two or more PHAs may join together to share a service coordinator and submit a **single**, joint application. Joint applications must designate a lead applicant. All joint applicants must be existing Service Coordinator grantees.

ROSS FY 2001 FUNDING SERVICE COORDINATORS

APPLICATION DEADLINE

Applications will be accepted until all funds are awarded or until June 28, 2001, whichever occurs first.

APPLICATION SELECTION PROCESS

PHAs must address all application requirements, meet the threshold requirements set forth in the NOFA and SuperNOFA, and submit all of the required information. Service Coordinator renewal applications will be accepted until all funds are awarded or until **June 28, 2001**, whichever occurs first.

WHO DOES SERVICE COORDINATION?

Service coordination may be performed by:

- ?? An on-site or off-site staff person hired by the PHA.
- ?? An on-site or off-site staff person hired by a third party agency and contracted to the PHA.
- ?? A staff person hired by a third party agency, who provides case management and services coordination in concert with the distribution of that agency or another agency's funding.

DEFINITION OF FRAIL OR AT-RISK

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:

1. EATING: May need assistance with cooking, preparing or serving food, but must be able to feed self.
2. DRESSING: Must be able to dress self, but may need occasional assistance.
3. BATHING: May need assistance in getting in and out of the shower or tub, but must be able to wash self.
4. GROOMING: May need assistance in washing hair, but must be able to take care of personal appearance.

ROSS FY 2001 FUNDING SERVICE COORDINATORS

5. **TRANSFERRING:** May need assistance in getting in and out of bed and chairs, walking, going outdoors, and using the toilet.
6. **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.

ADMINISTRATIVE COSTS

Administrative costs may not exceed 20% of the total grant amount. Administrative costs include, but are not limited to, purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities. Quality assurance is a limited monitoring oversight of the service coordinator by a qualified third party.

ROSS FY 2001 FUNDING SERVICE COORDINATORS

APPLICANT 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 or Other Authorized Representative

For Applicant: _____

Use this checklist to review your package and insure all materials are properly completed and included. **Submit a copy of this form with your application.**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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Cover Materials
 (See Part II of this application kit for some forms in this tab.)

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Application Checklist | _____ | _____ |
| <input type="checkbox"/> Application Cover Sheet | _____ | _____ |
| <input type="checkbox"/> Lead agency letter form (if applicable) | _____ | _____ |
| <input type="checkbox"/> Evidence of Comparable Salaries in Local Area | _____ | _____ |
| <input type="checkbox"/> Application for Federal Assistance
(Standard Form SF-424) | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix
(Form HUD-424-M) | _____ | _____ |
| <input type="checkbox"/> Assurances—Non-Construction Programs
(Standard Form SF-424B) | _____ | _____ |
| <input type="checkbox"/> ROSS Fact Sheet | _____ | _____ |
| <input type="checkbox"/> Chart A: Summary Budget Line Items | _____ | _____ |

ROSS FY 2001 FUNDING SERVICE COORDINATORS

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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TAB 1: Threshold Requirements

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Request Letter | _____ | _____ |
| <input type="checkbox"/> Elderly Housing Development Certification | _____ | _____ |
| <input type="checkbox"/> Accessible Community Facility
Evidence and description | _____ | _____ |
| <input type="checkbox"/> Match Agreements – Not less than
25% of the grant requested | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency and Compliance
w/ General SuperNOFA Threshold Requirements | _____ | _____ |

**TAB 2: Certifications and Assurances
(See Part VII of this application kit.)**

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Certification for a Drug-Free Workplace
(Form HUD-50070) | _____ | _____ |
| <input type="checkbox"/> 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) | _____ | _____ |
| <input type="checkbox"/> Applicant/Recipient Disclosure/Update Report
(Form HUD-2880) | _____ | _____ |
| <input type="checkbox"/> Certification Regarding Debarment
and Suspension (Form HUD-2992) | _____ | _____ |
| <input type="checkbox"/> Acknowledgment of Application Receipt
(Form HUD-2993) | _____ | _____ |

ROSS FY 2001 FUNDING SERVICE COORDINATORS

Applicant: _____ **Date:** _____

Submission Requirements

Please prepare and include the following:

- ?? Evidence of comparable salaries in the applicant's area; and
- ?? If submitting a joint application, a Transmittal Letter for Designated Lead Agency
- ?? Chart A: Summary Budget Line Items

**ROSS FY 2001 FUNDING
SERVICE COORDINATORS**

**TRANSMITTAL LETTER FORMAT FOR DESIGNATED
LEAD AGENCY**

If more than one public housing agency is proposing to share a service coordinator, one agency **must** designate itself the "lead." This agency must submit a letter following this format on organization letterhead, signed by an authorized person.

Dear _____
Director, Public Housing _____ Date _____

The following PHAs are jointly submitting a single Service Coordinator application:

This request includes _____ (specify the number) developments, which will share a Service Coordinator. The developments are:

<u>Development Name and Address</u>	Amount Requested (\$)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The completed requests from each of these _____ (specify number) applicants are attached to this letter.

Sincerely,

Signature

Typed Name

Title

**ROSS FY 2001 FUNDING
SERVICE COORDINATORS**

CHART A: SUMMARY BUDGET LINE ITEMS

Service Coordinators

_____	9810	Administrative Costs
_____	9820	Other Program Expenses
_____	9830	Training
_____	9840	Salaries
_____	9850	Fringe
_____		TOTAL

ROSS FY 2001 FUNDING

SERVICE COORDINATORS FOR ELDERLY AND PERSONS WITH DISABILITIES

TAB 1

THRESHOLD REQUIREMENTS

ROSS FY 2001 FUNDING SERVICE COORDINATORS

Applicant: _____ Date: _____

THRESHOLD REQUIREMENTS

The Grants Management Center (GMC) will conduct a threshold review to determine your eligibility. Under the threshold review, you will be rejected from the competition if you are not in compliance with the threshold requirements.

1. Request Letter

Please prepare and include a request letter on your organization's letterhead, signed by the executive director or other authorized person. If the application is a joint application, each agency must prepare and include a request letter. The required format is shown on the following pages.

In addition to the letter, attach evidence of:

?? If applicable, a written justification to increase the grant amount 2% over the highest funding and staffing level for a 1-year period approved for the applicant's last funding Service Coordinator grant.

Before preparing the application, the applicant should make sure it is eligible to apply for Service Coordinator funds. Make sure also that the development(s) to be served is (are) eligible.

**ROSS FY 2001 FUNDING
SERVICE COORDINATORS**

REQUEST LETTER FORMAT

Dear _____ Date: _____
Director, Public Housing

The following is my request for a one-year Service Coordinator renewal grant. I am requesting a total grant amount of \$_____.

I. APPLICANT AND DEVELOPMENT(S)

- 1. PHA name and address:
- 2. Development name(s) and address(s):

- 3. Development number(s) and Congressional District(s):

- 4. Did you have a FY 1995 Elderly Service Coordinator grant? ___Yes ___No.

II. DEVELOPMENT INFORMATION

- 1. Total Number of Units Occupied by the Elderly and/or Persons with Disabilities: ____.
- 2. Total Number of Residents: ____.
- 3. Estimated Number Frail Elderly and Persons with Disabilities: ____.
- 4. Estimated Number At-Risk Elderly: ____.
- 5. Applicant will contract out for a Service Coordinator. ___Yes ___No

6. Development will share a Service Coordinator with other development(s) or applicant(s). Yes No

If yes, please give name and address of the development(s) and applicant(s), if different.

7. Total number of Service Coordinators to be funded by the grant funds: ____.

III. COSTS

FY 2001 award amounts cannot be higher than the applicant's highest funding and staffing level approved for a one-year period for the applicant's last funded Service Coordinator grant. An increase of up to 2% will be allowed if supported by a narrative justification attached to this Request Letter.

1. Salary Rate

a. Determine the base salary level, looking at comparable positions (modified by number of hours worked).

Base salary level \$ _____

b. Fringe benefits

% of base salary _____%

Dollar value \$ _____

c. Salary rate

$$\frac{\$ \text{_____}}{\text{base salary}} + \frac{\$ \text{_____}}{\text{fringe benefits}} = \$ \frac{\text{_____}}{\text{salary rate}}$$

III. COSTS (continued)

2. Administrative Costs

Any administrative costs may amount to no more than 20% of the total grant.

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

3. Total Cost

One-year total costs:

Allowable administrative costs	\$ _____ +
Annual salary rate	\$ _____ =
Total Cost	\$ _____ .

We appreciate your consideration of this request. If there are any questions, your staff may call _____ at _____ for further information.

Sincerely,

Signature	Typed Name	Title
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**ROSS FY 2001 FUNDING
SERVICE COORDINATORS**

Applicant: _____ Date: _____

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

**SERVICE COORDINATOR
ELDERLY/PERSONS WITH DISABILITIES HOUSING DEVELOPMENT CERTIFICATION**

I CERTIFY that ____% of the residents in the development(s) proposed for grant activities are elderly and/or non-elderly people with disabilities at the time of 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 SERVICE COORDINATORS

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 the PHA**) 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 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 describe whether the facility to be used is currently in operation, if not, what steps will be taken to adequately operate the facility.

You must attach an executed agreement and/or MOU between the applicant and other entity providing community facilities

4.

Match Requirement. You must supplement grant funds with a cash and/or in-kind contribution match of not less than 25% of the grant amount. The match may include: 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 or local government sources; and funds from private contributions. See NOFA section VI(A)(6)(c-d) for guidelines on valuing in-kind contributions.

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. Resources from your agency are presumed to be firmly committed.

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

ROSS FY 2001 FUNDING SERVICE COORDINATORS

Applicant: _____ **Date:** _____

5. Compliance with General SuperNOFA Threshold Requirements (General Section II, (B), (C), (D), (F), & (H)).

You 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
SERVICE COORDINATOR**

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

I CERTIFY that the proposed Service Coordinator 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 Service Coordinator 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

ROSS FY 2001 FUNDING

SERVICE COORDINATORS FOR ELDERLY AND PERSONS WITH DISABILITIES

TAB 2

CERTIFICATIONS AND ASSURANCES

You **must** insert in this tab the following signed forms from Part VII of the application kit. These forms are threshold requirements of the General Section of the SuperNOFA.

- ~~☒~~ 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)

