

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY  
PROGRAM**

**APPLICATION FOR FY 2002 FUNDING  
COVER SHEET**

**Funding Category (Check ONE):**

- Resident Management and Business Development
- Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted  
By:**

\_\_\_\_\_  
*(Applicant Name)*

**Contact  
Person:**

\_\_\_\_\_

**Telephone: (    )** \_\_\_\_\_

**Delivered To:** \_\_\_\_\_

*(HUD Field Office)*

**Date:** \_\_\_\_\_

**PLEASE USE THIS PAGE AS COVER PAGE**

**ROSS FY 2002 FUNDING****FACT SHEET****Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- Resident Management and Business Development  
 Capacity Building  
 Resident Service Delivery Models  
 Homeownership Supportive Services  
 Neighborhood Networks  
 Service Coordinator Renewal

**Unit Count**

\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
 (excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

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

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

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**ROSS FY 2002 FUNDING  
FACT SHEET (continued)**

**SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes \_\_\_ No \_\_\_

Does the organization have an operating committee? Yes \_\_\_ No \_\_\_

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

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OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING**

**PROGRAM SUMMARY**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant type:** \_\_\_ PHA \_\_\_ RA \_\_\_ IRO \_\_\_ NONPROFIT \_\_\_ TRIBE/TDHE

**Funding Category:** \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

**A.** Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2002 FUNDING**

**PROGRAM SUMMARY (continued)**

**B.** Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

TOTAL

\_\_\_\_\_

**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: \_\_\_\_\_

**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**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 \_\_\_\_\_, 2002.

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.)**

- Table of Contents \_\_\_\_\_
- Application Checklist \_\_\_\_\_
- Application for Federal Assistance (Form SF-424) \_\_\_\_\_
- Federal Assistance Funding Matrix (Form HUD-424M) \_\_\_\_\_
- Standard Form for Budget Information—Non-Construction Programs (Form SF-424A) \_\_\_\_\_
- Assurances—Non-Construction Programs (Form SF-424B) \_\_\_\_\_
- ROSS Fact Sheet \_\_\_\_\_
- ROSS Program Summary \_\_\_\_\_
- Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements \_\_\_\_\_

**TAB 1: Threshold Requirements**

- Threshold Checklist \_\_\_\_\_
- RMBD Certification on Residents Affected by Welfare Reform \_\_\_\_\_



**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**APPLICATION CHECK LIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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- Memorandum of Understanding (MOU) \_\_\_\_\_  
for Partnership between Applicant and PHA/tribe/TDHE \_\_\_\_\_
  
- Accessible Community Facility - Executed \_\_\_\_\_  
Use Agreement \_\_\_\_\_
  
- Match Agreements – Not less than \_\_\_\_\_  
25% of grant requested \_\_\_\_\_
  
- Certification of Compliance with 24 CFR Part 84 \_\_\_\_\_  
**or** Contract Administrator Signed Statement (not tribes/TDHEs) \_\_\_\_\_
  
- Proof of Applicant Nonprofit Status – Copy of \_\_\_\_\_  
Certification of Incorporation **or** Good Standing \_\_\_\_\_  
from the State or Copy of IRS 501 (c) designation (not tribes/TDHEs) \_\_\_\_\_
  
- Certification of Resident Council Board Election \_\_\_\_\_ \_\_\_\_\_
  
- List of RAs To Receive Support **and** Letters of \_\_\_\_\_  
Support from RAs \_\_\_\_\_
  
- 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 ensuring that supportive  
services will be provided for not less than 2 years following the completion of  
renovation, conversion, or repair activities funded under this competition.
  
- Certification of Consistency and Compliance \_\_\_\_\_  
with General SuperNOFA Threshold Requirements \_\_\_\_\_

**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**APPLICATION CHECK LIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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**TAB 2: Program Description and Budget**

- Program Activities Description—Narrative \_\_\_\_\_
- Your Resident Organization and it's History—Narrative \_\_\_\_\_
- Chart A: RMBD Program Staffing \_\_\_\_\_
- Resumes or summary of proposed staff's qualifications \_\_\_\_\_
- Chart B: RMBD Applicant/Administrator Track Record \_\_\_\_\_
- Chart C: RMBD Summary Budget Line Items \_\_\_\_\_
- Summary of Proposed Work Plan \_\_\_\_\_
- Chart D: RMBD Budget Work Plan Summary, Parts I and II \_\_\_\_\_

**TAB 3: Other Certifications and Assurances  
(See Part 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 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

***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) & (B) (1-9) and SuperNOFA, General Section II.) *Note: Items marked with an \* do not apply to tribes/TDHEs.*

<b>THRESHOLD REQUIREMENT</b>	<b>APPLICANT USE ONLY</b>	<b>HUD USE ONLY</b>
1. Certification on Residents Affected by Welfare Reform	_____	_____
2. Memorandum of Understanding (MOU) for Partnership between Applicant and PHA/tribe/TDHE	_____	_____
3. Accessible Community Facility - Executed Use Agreement or MOU	_____	_____
4. Match Agreements	_____	_____
5. *Certification of Compliance with 24 CFR Part 84 or Contract Administrator Signed Statement	_____	_____
6. *Proof of Applicant Nonprofit Status (State or IRS)	_____	_____
7. Certification of Resident Council Board Election	_____	_____
8. List of RAs to Receive Support and Letters of Support From RAs (CWRO applicants only)	_____	_____
9. Physical Improvements--Description, Budget, Timetable, and Firm Commitments for Service Provision (Only for applicants proposing physical improvements)	_____	_____

**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THRESHOLD REQUIREMENTS**

1. Focus on Residents Affected by Welfare Reform. Your RMBD application must contain the following written certification that at least 51% of residents to be included in your proposed program are affected by welfare reform.

**RMBD 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 RMBD grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(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, 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 the 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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*President of Resident Organization or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*

**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- 7. Certification of Resident Council Board Election. You must submit certification of the Resident Organization 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 that \_\_\_\_\_  
(name of organization)

located in \_\_\_\_\_ has duly elected  
(city & state)

all of the Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations, 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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**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**Chart A: RMBD Program Staffing**

**Applicant Name:**

**I. Applicant (RA or CWRO)**

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

**II. CONTRACT ADMINISTRATOR**

Contract Administrator to be Solicited	Role in Grant Program	Estimated Cost to Grant Program

**III. CONSULTANT(S)/TRAINERS/SVC. PROVIDERS/OTHER EXPERTS**

Consultants/Trainers to be Solicited	Role in Grant Program	Estimated Cost to Grant Program

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**Chart B: RMBD Applicant/Administrator Track Record**  
**Applicant:**

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

HUD-2002-ROSS (02/02)



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**ROSS FY 2002 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**CHART C  
RMBD BUDGET LINE ITEM SUMMARY**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check the following as appropriate for your proposed program.

**Resident Management and Business Development**

_____ <b>1010</b>	<b>Physical Improvements</b>
_____ <b>1020</b>	<b>Resident Business Development</b>
_____ 1021	Develop Business Plan
_____ 1022	Conduct Market Analysis
_____ 1023	Licensing, Insurance Bonding
_____ 1024	Training Related to Resident Owned Business
_____ 1025	Establishment of Resident Managed Business Development
_____ 1026	Technical Assistance
_____ <b>1030</b>	<b>Resident Organization Development Activities</b>
_____ 1031	Organize Community
_____ 1032	Operating Procedures
_____ 1033	Develop MOU
_____ 1034	Develop Plan for Technical Assistance
_____ 1035	Consultant Contracts
_____ 1036	Self Sufficiency Programs
_____ <b>1040</b>	<b>Resident Management</b>
_____ 1041	Conduct Feasibility Study
_____ 1042	Secure Training/Skills/Expertise
_____ 1043	Develop MOU
_____ 1044	Secure T/A to Draft Contract
_____ 1045	Negotiate Contract with PHA
_____ 1046	Conduct Resident Training/Preparation
_____ <b>1050</b>	<b>Self Sufficiency Program</b>
_____ 1051	Employment and Job Readiness
_____ 1052	Job Training
_____ 1053	Management Related Employment Training
_____ 1054	Vocational Training
_____ 1055	Technical Assistance
_____ <b>1060</b>	<b>Supportive Services</b>
_____ <b>9100</b>	<b>Travel Costs</b>
_____ <b>9200</b>	<b>Other Resident Costs (Stipends, Reimbursements)</b>
_____ <b>9300</b>	<b>Contract Administrator</b>
_____ <b>9400</b>	<b>Administrative and Other Costs</b>

See Appendix X for Narrative Descriptions

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**Chart D: RMBD Budget Workplan Summary – Part I (cont'd) Applicant:**

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD		NON-RMBD/		ACTIVITY START/END DATES
		GRANT FUNDS	FUNDS	PARTNER FUNDS	FUNDS	
<b>1030 Resident Org. Dev. Activities</b>						
<b>TOTAL: \$</b>						
1031 Organize Community						
1032 Operating Procedures						
1033 Develop MOU						
1034 Develop Plan for Technical Assistance						
1035 Consultant Contracts						
1036 Self Sufficiency Programs						
<b>1040 Resident Management</b>						
<b>TOTAL: \$</b>						

HUD-2002-ROSS (02/02)

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**Chart D: RMBD Budget Workplan Summary - Part I (cont'd)**      **Applicant:**

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1041 Conduct Feasibility Study				
1042 Secure Training/Skills/Expertise				
1043 Develop MOU				
1044 Secure T/A to Draft Contract				
1045 Negotiate Contract with PHA				
1046 Conduct Resident Training/Preparation				
<b>1050 Self Sufficiency Program</b>				
<b>TOTAL: \$</b>				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**Chart D: RMBD Budget Workplan Summary - Part I (cont'd)**      **Applicant:**

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	FUNDING		ACTIVITY START/END DATES
		RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	
<b>1051</b> Employment and Job Readiness				
<b>1052</b> Job Training				
<b>1053</b> Management Related Employment Training				
<b>1054</b> Vocational Training				
<b>1055</b> Technical Assistance				
<b>1060 Supportive Services</b>				
<b>TOTAL: \$</b>				
<b>9100 Travel Costs</b>				
<b>TOTAL: \$</b>				
<b>9200 Other Resident Costs (Stipends, Reimbursements)</b>				
<b>TOTAL: \$</b>				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**Chart D: RMBD Budget Workplan Summary - Part I (cont'd)**      **Applicant:**

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

**Chart D: RMBD Budget Workplan 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	RMBD GRANT TOTAL
1010 Physical Improvements	\$
1020 Resident Business Development	\$
1030 Resident Organization Development Activities	\$
1040 Resident Management	\$
1050 Self Sufficiency Program	\$
1060 Supportive Services	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
<b>TOTAL of all RMBD Funds Requested</b>	<b>\$</b>

OMB Approval No. 2577-0229

**ROSS FY 2002 FUNDING**  
***Certification of Consistency and Compliance with General SuperNOFA***  
***Program Requirements***

I CERTIFY that the proposed ROSS 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. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
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 your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **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.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3)
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **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*.
8. **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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

HUD-2002-ROSS (03/02)

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM**

**APPLICATION FOR FY 2002 FUNDING COVER SHEET**

**Funding Category (Check ONE):**

- Resident Management and Business Development Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted By:**

\_\_\_\_\_

*(Applicant Name)*

**Contact Person:**

\_\_\_\_\_

**Telephone: (    )**

\_\_\_\_\_

**Delivered To:**

\_\_\_\_\_

*(HUD Field Office)*

**Date:**

\_\_\_\_\_

**PLEASE USE THIS PAGE AS COVER PAGE**



**ROSS FY 2002 FUNDING*****FACT SHEET*****Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- \_\_\_\_\_ Resident Management and Business Development  
 \_\_\_\_\_ Capacity Building  
 \_\_\_\_\_ Resident Service Delivery Models  
 \_\_\_\_\_ Homeownership Supportive Services  
 \_\_\_\_\_ Neighborhood Networks  
 \_\_\_\_\_ Service Coordinator Renewal

**Unit Count**\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
(excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

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

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

**ROSS FY 2002 FUNDING  
FACT SHEET (continued)**

**SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes\_\_\_ No\_\_\_

Does the organization have an operating committee? Yes\_\_\_ No\_\_\_

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

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**ROSS FY 2002 FUNDING  
PROGRAM SUMMARY**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant type:** \_\_\_ PHA \_\_\_ RA \_\_\_ IRO \_\_\_ NONPROFIT \_\_\_ TRIBE/TDHE

**Funding Category:** \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

**A.** Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2002 FUNDING**

**PROGRAM SUMMARY (continued)**

**B.** Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name	In-Kind/Cash Contribution	# Persons Served
----------------	---------------------------	------------------

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
----------------	---------------------------	------------------

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
----------------	---------------------------	------------------

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
----------------	---------------------------	------------------

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

TOTAL

\_\_\_\_\_

**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: \_\_\_\_\_

**ROSS FY 2002 FUNDING**

**CAPACITY BUILDING**

**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 \_\_\_\_\_, 2002.

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.)**

- Table of Contents \_\_\_\_\_
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- Application Cover Sheet \_\_\_\_\_
- Application for Federal Assistance  
 (Standard Form SF-424) \_\_\_\_\_
- Federal Assistance Funding Matrix  
 (Form HUD-424M) \_\_\_\_\_
- Budget Information —Non-Construction  
 Programs (Standard Form SF-424A) \_\_\_\_\_
- Assurances—Non-Construction Programs  
 (Standard Form SF-424B) \_\_\_\_\_
- ROSS Fact Sheet \_\_\_\_\_
- ROSS Program Summary \_\_\_\_\_
- Certification of Consistency and Compliance  
 with General SuperNOFA Threshold  
 Requirements \_\_\_\_\_

**ROSS FY 2002 FUNDING**

**CAPACITY BUILDING**

**APPLICATION CHECKLIST (continued)**

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

- Threshold Checklist \_\_\_\_\_
- Proof of Applicant Nonprofit Status -- Copy of Certification of Incorporation or Good Standing from the State **or** Copy of IRS 501(c) designation (not for tribes/TDHEs) \_\_\_\_\_
- Match Agreements -- Not less than 25% of grant requested \_\_\_\_\_
- List of RAs to Receive Support and Letters of Support from RAs \_\_\_\_\_
- Certificate of Compliance with either 24 CFR Part 84 **or** Contract Administrator Signed Statement (not for tribes/TDHEs) \_\_\_\_\_
- MOU between Applicant and PHA/tribe/TDHE \_\_\_\_\_
- Accessible Community Facility -- Description or Executed Use Agreement \_\_\_\_\_

**TAB 2: Program Description and Budget**

- Needs Assessment Report \_\_\_\_\_
- Proposed Program Activities Description \_\_\_\_\_
- Experience and Staffing—Narrative \_\_\_\_\_
- Chart A: CB Program Staffing \_\_\_\_\_



**ROSS FY 2002 FUNDING****CAPACITY BUILDING****APPLICATION CHECKLIST (continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Resumes or Summary of Proposed Staff's Qualifications	_____	_____
<input type="checkbox"/> Chart B: Applicant Track Record	_____	_____
<input type="checkbox"/> Work Plan Summary	_____	_____
<input type="checkbox"/> Chart C: Summary Budget Line Items	_____	_____
<input type="checkbox"/> Chart D: Budget Workplan Summary, Parts I and II	_____	_____

**TAB 3: Other Certifications and Assurances**  
**(See Part VII of this Application Kit for all forms in this tab.)**

<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"/> Acknowledgement of Application Receipt (Form HUD-2993)	_____	_____

**ROSS FY 2002 FUNDING  
CAPACITY BUILDING**

**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 ROSS NOFA, Section VI (A) & (C) and General SuperNOFA Section II). *Note: Items marked with an \* do not apply to tribes/TDHEs.*

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1. *Proof of Applicant Nonprofit Status -- Copy of Certification of Incorporation or Good Standing from the State <b>or</b> Copy of IRS 501(c) designation	_____	_____
2. Match Agreements—Not less than 25% of grant requested	_____	_____
3. List of RAs to Receive Support <b>and</b> Letters of Support from RAs	_____	_____
4. *Certificate of Compliance with either 24 CFR Part 84 <b>or</b> Contract Administrator Signed Statement	_____	_____
5. MOU between Applicant and PHA/tribe/TDHE	_____	_____
6. Accessible Community Facility – Description or Executed Use Agreement	_____	_____

**ROSS FY 2002 FUNDING  
CAPACITY BUILDING**

**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 CB 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.

**CB 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 CB grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This proposed CB 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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Executive Director or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*



OMB Approval No. 2577-0221

Chart A: CB PROGRAM STAFFING      Applicant Name: \_\_\_\_\_

<b>I. APPLICANT</b>				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant
<b>II. CONTRACTOR ROLE</b>				
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program		

HUD-2002-ROSS (02/02)

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**Chart B: CB Applicant Track Record**  
**Applicant:**

Program	Project Number	% of Term Complete	% of Funds Drawn Down	Major Goal #1	Percent Complete	Major Goal #2	Percent Complete

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**CHART D: BUDGET WORK PLAN SUMMARY -PART I (Capacity Building) Applicant Name:**

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB GRANT FUNDS	NON-CB PARTNER FUNDS	ACTIVITY START/END DATE
<b>3000 Capacity Building Activities</b>				
<b>TOTAL: \$</b>				
3010	Training			
3011	Consultants			
3012	Other			
<b>9100 Travel Costs</b>				
<b>TOTAL: \$</b>				
<b>9300 Contract Administrator</b>				
<b>TOTAL: \$</b>				
<b>9400 Administrative Costs</b>				
<b>TOTAL: \$</b>				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**CHART D: BUDGET WORK PLAN SUMMARY -PART I (Capacity Building) Applicant Name:**

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB GRANT FUNDS	NON-CB PARTNER FUNDS	ACTIVITY START/END DATE
<b>3000 Capacity Building Activities</b> <b>TOTAL: \$</b>				
3010 Training				
3011 Consultants				
3012 Other				
<b>9100 Travel Costs</b> <b>TOTAL: \$</b>				
<b>9300 Contract Administrator</b> <b>TOTAL: \$</b>				
<b>9400 Administrative Costs</b> <b>TOTAL: \$</b>				

HUD-2002-ROSS (02/02)



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**CHART D: BUDGET WORK PLAN SUMMARY-PART I (Continued)**

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB GRANT FUNDS	NON-CB PARTNER FUNDS	ACTIVITY START/END DATE
<b>9100 Travel Costs</b> TOTAL: \$				
<b>9300 Contract Admin.</b> TOTAL: \$				
<b>9400 Administrative Costs</b> TOTAL: \$				

**Chart D: CB Budget Work Plan Summary - Part II (Capacity Building)**

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

SUMMARY BUDGET LINE ITEMS	CB GRANT TOTAL
3000 Capacity Building Activities	\$
9100 Travel Costs	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
<b>TOTAL of all Capacity Building Funds Requested</b>	\$

HUD-2002-ROSS (02/02)

**ROSS FY 2002 FUNDING**  
***Certification of Consistency and Compliance with General SuperNOFA***  
***Program Requirements***

I CERTIFY that the proposed ROSS 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. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
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 your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **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.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3).
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **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*.
8. **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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY  
PROGRAM**

**APPLICATION FOR FY 2002 FUNDING  
COVER SHEET**

**Funding Category (Check ONE):**

- Resident Management and Business Development
- Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted**

**By:**

\_\_\_\_\_  
*(Applicant Name)*

**Contact**

**Person:**

**Telephone: (    )** \_\_\_\_\_

**Delivered To:**

\_\_\_\_\_  
*(HUD Field Office)*

**Date:**

**PLEASE USE THIS PAGE AS COVER PAGE**

**ROSS FY 2002 FUNDING*****FACT SHEET*****Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- Resident Management and Business Development  
 Capacity Building  
 Resident Service Delivery Models  
 Homeownership Supportive Services  
 Neighborhood Networks  
 Service Coordinator Renewal

**Unit Count**

\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
 (excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

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

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

**ROSS FY 2002 FUNDING**

***FACT SHEET (continued)***

**SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes \_\_\_ No \_\_\_

Does the organization have an operating committee? Yes \_\_\_ No \_\_\_

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

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OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING  
PROGRAM SUMMARY**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant type:** \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

**Funding Category:** \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

**A.** Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2001 FUNDING**

**PROGRAM SUMMARY (continued)**

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

TOTAL	_____	_____
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OMB Approval No. 2577-0229

**ROSS FY 2002 FUNDING*****Certification of Consistency and Compliance with General SuperNOFA  
Program Requirements***

I CERTIFY that the proposed ROSS 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. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
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 your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **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.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3).
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **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*.
8. **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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

HUD-2002-ROSS (03/02)

**ROSS FY 2002 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 \_\_\_\_\_, 2002.

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 \_\_\_\_\_
- Certification of Consistency and Compliance with  
General SuperNOFA Threshold Requirements Certification \_\_\_\_\_

**TAB 1: Threshold Requirements**

- Threshold Checklist \_\_\_\_\_

**ROSS FY 2002 FUNDING  
RESIDENT SERVICE DELIVERY MODELS**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Certification on Resident Affected by Welfare Reform (Family RSDM Applicants Only)	_____	_____
<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)	_____	_____
<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	_____	_____
<p><b>TAB 2: Capacity of the Applicant and Relevant Organizational Experience (Factor 1)</b></p>		
<input type="checkbox"/> Chart A: Program Staffing	_____	_____
<input type="checkbox"/> Narrative on proposed staffing and coordination among service providers	_____	_____

**ROSS FY 2002 FUNDING  
RESIDENT SERVICE DELIVERY MODELS**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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- Chart B: Applicant/Administrator Track Record \_\_\_\_\_
- Organization Chart \_\_\_\_\_
- Staff Position Descriptions \_\_\_\_\_
- Staff Resumes or Background/  
Experience Descriptions \_\_\_\_\_
- Narrative on program administration and  
fiscal management structure \_\_\_\_\_

**TAB 3: Needs/Extent of Problem (Factor 2)**

- Needs Assessment Report \_\_\_\_\_
- Narrative on level of priority in Consolidated Plan/IHP \_\_\_\_\_

**TAB 4: Soundness of Approach (Factor 3)**

- 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  
partnerships \_\_\_\_\_
- Narrative on relationship coordination \_\_\_\_\_

**TAB 5: Leveraging Resources (Factor 4)**

- Narrative on the contributions, roles, and  
responsibilities of each partner \_\_\_\_\_

**ROSS FY 2002 FUNDING  
RESIDENT SERVICE DELIVERY MODELS**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

**TAB 6: Coordination, Self-sufficiency, and Sustainability (Factor 5)**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Narrative demonstrating review of Consolidated Plan/IHP                     | _____ | _____ |
| <input type="checkbox"/> Narrative on coordination w/ State/local welfare plan                       | _____ | _____ |
| <input type="checkbox"/> Narrative on coordination with other activities                             | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency w/ the Consolidated Plan                       | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency w/ the Indian Housing Plan (Tribes/TDHEs only) | _____ | _____ |

**TAB 7: Bonus Points**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> EZ/EC Certification | _____ | _____ |
|--|-------|-------|

**TAB 8: Other Certifications and Assurances**

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

- |   |       |       |
|---|-------|-------|
| <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 2002 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).

<b>THRESHOLD REQUIREMENT</b>	<b>APPLICANT USE ONLY</b>	<b>HUD USE ONLY</b>
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	_____	_____

**ROSS FY 2002 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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Executive Director or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*

**ROSS FY 2002 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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Executive Director or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*



**ROSS FY 2002 FUNDING  
RESIDENT SERVICE DELIVERY MODELS**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

7. 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*) \_\_\_\_\_



OMB Approval No. 2577-0221

**Chart A: RSDM PROGRAM STAFFING**      Applicant Name:

<b>I. APPLICANT STAFF</b>				
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				
<b>II. CONTRACTOR/CONSULTANT ROLE</b>				
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program		
<b>III. Contract Administrator</b>				
Budget Line Item 9300 Contract Administrator				

HUD-2002-ROSS (02/02)



OMB Approval No. 2577-0221

**ROSS FY 2002 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
<b>2005</b> <b>Program Coordinator</b> (family or elderly)	_____
<b>2010</b> <b>Physical Improvements</b>	_____
<b>2020</b> <b>Entrepreneur Business Development</b>	_____
2021      Establishing A Revolving Loan Fund	_____
2022      Developing a Credit Union	_____
<b>2030</b> <b>Business Development</b>	_____
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	_____
<b>2040</b> <b>Resident Organization Development Activities</b>	_____
2041      Organize Community	_____
2042      Operating Procedures	_____
2043      Develop MOU	_____
2044      Develop Plan for Technical Assistance	_____
2045      Consultant Contracts	_____
2046      Self Sufficiency Programs	_____
<b>2050</b> <b>Resident Management</b>	_____
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)**

<b>2060</b>	<b>Self Sufficiency Program</b>	_____
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	_____
<b>2070</b>	<b>Family Supportive Services</b>	_____
<b>2870</b>	<b>Elderly Supportive Services</b>	_____
<b>9100</b>	<b>Travel Costs</b>	_____
<b>9200</b>	<b>Other Resident Costs</b>	_____
	<b>(Stipends, Reimbursements)</b>	_____
<b>9300</b>	<b>Contract Administrator</b>	_____
<b>9400</b>	<b>Administrative and Other Costs</b>	_____

OMB Approval No. 2577-0221

**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
<b>2010 Physical Improvements</b> <b>TOTAL: \$</b>				
<b>2020 Entrepreneur Bus. Dev.</b> <b>TOTAL: \$</b>				
2021 Establish a Revolving Loan Fund				
2022 Develop a Credit Union				
<b>2030 Business Development</b> <b>TOTAL: \$</b>				
2031 Develop Business Plan				
2032 Conduct Market Analysis				
2033 Secure Licensing, Insurance, Bonding				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**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				
<b>2040 Resident Organization Development Activities</b>				
<b>TOTAL: \$</b>				
2041 Organize Community				
2042 Operating Procedures				
2043 Develop MOU				
2044 Develop Plan for Technical Assistance				

HUD-2002-ROSS (02/02)



OMB Approval No. 2577-0221

**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
<b>2045</b> Consultant Contracts				
2046 Self Sufficiency Programs				
<b>2050 Resident Management TOTAL: \$</b>				
2051 Conduct Feasibility Study				
2052 Secure Training/Skills/Expertise				
2053 Develop MOU				
2054 Consultant				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**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
<b>2055</b> Secure T/A to Draft Contract				
<b>2056</b> Negotiate Contract with PHA				
<b>2057</b> Conduct Resident Training Preparation				
<b>2060 Self Sufficiency Program</b>				
<b>TOTAL: \$</b>				
2061 Program Coordinator				
2062 Physical Improvements				
2063 Employment and Job Readiness				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**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
<b>2064</b> Job Training				
<b>2065</b> Management Related Employment Training				
<b>2066</b> Vocational Training				
<b>2067</b> Technical Assistance				
<b>2070 Family Supportive Svcs</b> TOTAL: \$				
<b>2005 Program Coordinator</b> TOTAL: \$				
<b>2870 Elderly Supportive Svcs</b> TOTAL: \$				
<b>9100 Travel Costs</b> TOTAL: \$				
<b>9200 Other Resident Costs (Stipends, Reimbursements)</b> TOTAL: \$				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**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
<b>9300 Contract Administrator</b>				
<b>TOTAL: \$</b>				
<b>9400 Admin. &amp; Other Costs</b>				
<b>TOTAL: \$</b>				

**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	\$
<b>TOTAL of all RSDM Funds Requested</b>	<b>\$</b>

HUD-2002-ROSS (02/02)

**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: \_\_\_\_\_

OMB Approval No. 2577-0221

**CERTIFICATION OF CONSISTENCY WITH THE  
INDIAN HOUSING PLAN**

**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**

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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: \_\_\_\_\_

**Certification of Consistency  
with the RC/EZ/EC Strategic  
Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name \_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying \_\_\_\_\_

Name of RC/EZ/EC \_\_\_\_\_

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

Name of the  
Official Authorized  
to Certify the RC/EZ/EC \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM**

**APPLICATION FOR FY 2002 FUNDING COVER SHEET**

**Funding Category (Check ONE):**

- Resident Management and Business Development
- Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted By:**

\_\_\_\_\_ (Applicant Name)

**Contact Person:**

\_\_\_\_\_

**Telephone: (    )**

\_\_\_\_\_

**Delivered To:**

\_\_\_\_\_ (HUD Field Office)

**Date:**

\_\_\_\_\_

**PLEASE USE THIS PAGE AS COVER PAGE**



**ROSS FY 2002 FUNDING**

**FACT SHEET**

**Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- \_\_\_\_\_ Resident Management and Business Development
- \_\_\_\_\_ Capacity Building
- \_\_\_\_\_ Resident Service Delivery Models
- \_\_\_\_\_ Homeownership Supportive Services
- \_\_\_\_\_ Neighborhood Networks
- \_\_\_\_\_ Service Coordinator Renewal

**Unit Count**

\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
(excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

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

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

**ROSS FY 2002 FUNDING**

***FACT SHEET (continued)***

**SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes \_\_\_ No \_\_\_

Does the organization have an operating committee? Yes \_\_\_ No \_\_\_

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

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**ROSS FY 2002 FUNDING**

**PROGRAM SUMMARY**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant type:** \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

**Funding Category:** \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

**A.** Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2002 FUNDING**

**PROGRAM SUMMARY (continued)**

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

\_\_\_\_\_

TOTAL	_____	_____
-------	-------	-------

**ROSS FY 2002 FUNDING**  
***Certification of Consistency and Compliance with General SuperNOFA***  
***Program Requirements***

I CERTIFY that the proposed ROSS 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. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
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 your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **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.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3).
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **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*.
8. **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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING  
SERVICE COORDINATORS**

**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 \_\_\_\_\_, 2002.

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<br>(Standard Form SF-424)    | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix<br>(Form HUD-424-M)           | _____ | _____ |
| <input type="checkbox"/> Assurances—Non-Construction Programs<br>(Standard Form SF-424B) | _____ | _____ |
| <input type="checkbox"/> ROSS Fact Sheet   | _____ | _____ |
| <input type="checkbox"/> Chart A: Summary Budget Line Items                              | _____ | _____ |

**ROSS FY 2002 FUNDING  
SERVICE COORDINATORS**

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

- Request Letter \_\_\_\_\_
  
- Match Agreements – Not less than  
25% of the grant requested \_\_\_\_\_



**ROSS FY 2002 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 2002 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

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

base salary            fringe benefits            salary rate



**ROSS FY 2002 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>	<u>Amount Requested (\$)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY  
PROGRAM**

**APPLICATION FOR FY 2002 FUNDING  
COVER SHEET**

**Funding Category (Check ONE):**

- Resident Management and Business Development
- Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted**

**By:**

\_\_\_\_\_  
*(Applicant Name)*

**Contact**

**Person:**

**Telephone:** (    ) \_\_\_\_\_

**Delivered To:**

\_\_\_\_\_  
*(HUD Field Office)*

**Date:**

**PLEASE USE THIS PAGE AS COVER PAGE**

**ROSS FY 2002 FUNDING*****FACT SHEET*****Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_ PHA \_\_\_ RA \_\_\_ IRO \_\_\_ NONPROFIT \_\_\_ TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- \_\_\_\_\_ Resident Management and Business Development  
 \_\_\_\_\_ Capacity Building  
 \_\_\_\_\_ Resident Service Delivery Models  
 \_\_\_\_\_ Homeownership Supportive Services  
 \_\_\_\_\_ Neighborhood Networks  
 \_\_\_\_\_ Service Coordinator Renewal

**Unit Count**\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
(excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

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

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

**ROSS FY 2002 FUNDING**

***FACT SHEET (continued)***

**SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes\_\_\_ No\_\_\_

Does the organization have an operating committee? Yes\_\_\_ No\_\_\_

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

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OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING  
PROGRAM SUMMARY**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant type:** \_\_\_PHA

**Funding Category:** \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

**A.** Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2001 FUNDING**

**PROGRAM SUMMARY (continued)**

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

TOTAL    \_\_\_\_\_

**ROSS FY 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

**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 \_\_\_\_\_, 2002.

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.)**

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Application Checklist  | _____ | _____ |
| <input type="checkbox"/> Application Cover Sheet  | _____ | _____ |
| <input type="checkbox"/> Application for Federal Assistance<br>(Standard Form SF-424)   | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix<br>(Form HUD-424M)   | _____ | _____ |
| <input type="checkbox"/> Standard Form for Budget Information<br>Non-Construction Programs (SF-424A)                                | _____ | _____ |
| <input type="checkbox"/> Assurances – Non-Construction<br>Programs (Form SF-424B)   | _____ | _____ |
| <input type="checkbox"/> ROSS Fact Sheet  | _____ | _____ |
| <input type="checkbox"/> ROSS Program Summary   | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency and Compliance with General<br>SuperNOFA Threshold Requirements Certification | _____ | _____ |

**TAB 1: Threshold Requirements**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Threshold Checklist | _____ | _____ |
|--|-------|-------|

**ROSS FY 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Certification of Residents Affected by Welfare Reform	_____	_____
<input type="checkbox"/> Accessible Community Facility –Description or Executed Use Agreement	_____	_____
<input type="checkbox"/> Match Agreements-Not less than 25% of grant requested	_____	_____
<input type="checkbox"/> Certification of Compliance with 24 CFR Part 85	_____	_____
<input type="checkbox"/> Physical Improvements (Only for applicants proposing physical improvements)	_____	_____

**TAB 2: Capacity of the Applicant and Relevant Organizational Experience (Factor 1)**

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

**ROSS FY 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
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**TAB 3: Needs/Extent of Problem (Factor 2)**

- Needs Assessment Report \_\_\_\_\_
- Narrative on level of priority in Consolidated Plan \_\_\_\_\_

**TAB 4: Soundness of Approach (Factor 3)**

- Narrative describing proposed services \_\_\_\_\_
- 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 partnerships \_\_\_\_\_
- Narrative on relationship coordination \_\_\_\_\_

**TAB 5: Leveraging Resources (Factor 4)**

- Narrative on the contributions, roles, and responsibilities of each partner \_\_\_\_\_

**TAB 6: Coordination, Self-Sufficiency, and Sustainability (Factor 5)**

- Narrative demonstrating review of Consolidated Plan \_\_\_\_\_
- Narrative on coordination w/ State/local welfare plan \_\_\_\_\_
- Narrative on coordination with other activities \_\_\_\_\_
- Certification of Consistency w/ the Consolidated Plan \_\_\_\_\_

**TAB 7: Bonus Points**

- EZ/EC Certification \_\_\_\_\_

**ROSS FY 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

**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 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

***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).

<b>THRESHOLD REQUIREMENT</b>	<b>APPLICANT USE ONLY</b>	<b>HUD USE ONLY</b>
1. Certification on Residents Affected by Welfare Reform	_____	_____
2. Accessible Community Facility Description or Executed Use Agreement	_____	_____
3. Match Agreements	_____	_____
4. Certification of Compliance with 24 CFR Part 85	_____	_____
5. Physical Improvements (Only for applicants proposing physical improvements)	_____	_____

**ROSS FY 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

**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 NN 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. □

**NN 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 NN grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This proposed NN 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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Executive Director or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*



OMB Approval No. 2577-0229

**ROSS FY 2002 FUNDING*****Certification of Consistency and Compliance with General SuperNOFA  
Program Requirements***

I CERTIFY that the proposed ROSS 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. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
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 your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **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.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3).
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **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*.
8. **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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

HUD-2002-ROSS (03/02)

OMB Approval No. 2577-0221

**Chart A: NN 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 2002 FUNDING  
NEIGHBORHOOD NETWORKS**

**Chart C  
NN 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.

<b>BUDGET LINE ITEM</b>	<b>AMOUNT</b>
<b>2005</b> <b>Program Coordinator</b>	_____
<b>2010</b> <b>Physical Improvements</b>	_____
<b>3000</b> <b>Computer Equipment and Software</b>	_____
3010      Computer Hardware	_____
3011      Computer Software	_____
3012      Other Equipment	_____
<b>3020</b> <b>Training</b>	_____
<b>3030</b> <b>Insurance and Security</b>	_____
3031      Insurance	_____
3032      Security	_____
<b>3040</b> <b>Maintenance</b>	_____
<b>3050</b> <b>NN Business Plan</b>	_____
<b>9100</b> <b>Travel Costs</b>	_____
<b>9200</b> <b>Other Resident Costs (Stipends, Reimbursements)</b>	_____
<b>9300</b> <b>Contract Administrator</b>	_____
<b>9400</b> <b>Administrative and Other Costs</b>	_____

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**CHART D: NN Budget Work Plan Summary – Part I**      **Applicant Name:**

<b>BUDGET LINE ITEM</b> For each bolded line item, enter total grant funds	<b>ACTIVITIES</b> (Identify lead agency: housing authority, contractor, subgrantee, etc)	<b>NN GRANT FUNDS</b>	<b>NON-NN/ PARTNER FUNDS</b>	<b>ACTIVITY START/END DATE</b>
<b>2010 Physical Improvements</b>				
<b>TOTAL: \$</b>				
<b>3000 Computer Equip &amp; Sftwre</b>				
<b>TOTAL: \$</b>				
3010 Computer Hardware				
3011 Computer Software				
3012 Other Equipment				
<b>3020 Training</b>				
<b>TOTAL: \$</b>				
<b>3030 Insurance and Security</b>				
<b>TOTAL: \$</b>				
3031 Insurance				
3032 Security				
<b>3040 Maintenance</b>				
<b>TOTAL: \$</b>				
<b>3050 NN Business Plan</b>				
<b>TOTAL: \$</b>				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**CHART D: NN 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)	NN GRANT FUNDS	NON-NN/PARTNER FUNDS	ACTIVITY START/END DATE
<b>2005 Program Coordinator</b> TOTAL: \$				
<b>9100 Travel Costs</b> TOTAL: \$				
<b>9200 Other Resident Costs (Stipends, Reimbursements)</b> TOTAL: \$				
<b>9300 Contract Administrator</b> TOTAL: \$				
<b>9400 Admin. &amp; Other Costs</b> TOTAL: \$				

**Chart D: NN 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	NN GRANT TOTAL
2005 Program Coordinator	\$
2010 Physical Improvements	\$
3000 Computer Equipment & Software	\$
3020 Training	\$
3030 Insurance & Security	\$
3040 Maintenance	\$
3050 NN Business Plan	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
<b>TOTAL of all NN Funds Requested</b>	<b>\$</b>

HUD-2002-ROSS (02/02)

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**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.

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location of the Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of Certifying Jurisdiction: \_\_\_\_\_

Certifying Official of the  
Jurisdiction Named: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name \_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying \_\_\_\_\_

Name of 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, Strategic Planning Community residents, or Renewal Community. (2 points)

Name of the  
Official Authorized  
to Certify the EZ/EC \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_



**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY  
PROGRAM**

**APPLICATION FOR FY 2002 FUNDING  
COVER SHEET**

**Funding Category (Check ONE):**

- Resident Management and Business Development
- Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted**

**By:**

\_\_\_\_\_  
*(Applicant Name)*

**Contact**

**Person:**

**Telephone:** (    ) \_\_\_\_\_

**Delivered To:**

\_\_\_\_\_  
*(HUD Field Office)*

**Date:**

**PLEASE USE THIS PAGE AS COVER PAGE**

**ROSS FY 2002 FUNDING**

**FACT SHEET**

**Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- \_\_\_\_\_ Resident Management and Business Development
- \_\_\_\_\_ Capacity Building
- \_\_\_\_\_ Resident Service Delivery Models
- \_\_\_\_\_ Homeownership Supportive Services
- \_\_\_\_\_ Neighborhood Networks
- \_\_\_\_\_ Service Coordinator Renewal

**Unit Count**

\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
(excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

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

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

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**ROSS FY 2002 FUNDING**

***FACT SHEET (continued)***

**SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes \_\_\_ No \_\_\_

Does the organization have an operating committee? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING  
PROGRAM SUMMARY**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant type:** \_\_\_ PHA \_\_\_ RA \_\_\_ IRO \_\_\_ NONPROFIT \_\_\_ TRIBE/TDHE

**Funding Category:** \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

**A.** Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2002 FUNDING**

**PROGRAM SUMMARY (continued)**

**B.** Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

Partner's Name                      In-Kind/Cash Contribution      # Persons Served

\_\_\_\_\_

Partner's Address

\_\_\_\_\_

TOTAL

\_\_\_\_\_

OMB Approval No. 2577-0229

**ROSS FY 2002 FUNDING*****Certification of Consistency and Compliance with General SuperNOFA  
Program Requirements***

I CERTIFY that the proposed ROSS 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. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
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 your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **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.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3).
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **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*.
8. **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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

HUD-2002-ROSS (03/02)

**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

**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 \_\_\_\_\_, 2002.

By:

\_\_\_\_\_ **Applicant Chief Executive Officer or Other Authorized Representative**

For Applicant:

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

**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 \_\_\_\_\_
- Certification of Consistency and Compliance with  
General SuperNOFA Threshold  
Requirement Certification \_\_\_\_\_

**TAB 1: Threshold Requirements**

- Threshold Checklist \_\_\_\_\_



**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Certification of Residents Affected by Welfare Reform	_____	_____
<input type="checkbox"/> Certification of previous self-sufficiency program participation, certification of earned income increase, and acceptable range of local minimum income to purchase a home in the local area.	_____	_____
<input type="checkbox"/> Accessible Community Facility –Description or Executed Use Agreement	_____	_____
<input type="checkbox"/> Physical Improvements	_____	_____
<input type="checkbox"/> Match Agreements-Not less than 25% of grant requested	_____	_____

**TAB 2: Capacity of the Applicant and Relevant Organizational Experience (Factor 1)**

- Narrative description of experience of Project Director and Staff
- Allocation of staff years for activities and personnel of the proposed HSS activities
- Chart A - Program staffing

**Program Administration And Fiscal Management**

- Description of proposed HSS Project Management Structure
- Description of proposed HSS Fiscal Management Structure

**Applicant/Administrator Track Record**

- Narrative description of previous experience in implementing Self-Sufficiency and Homeownership Programs
- Chart B – Applicant track record

**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

**TAB 3: Needs/Extent of Problem (Factor 2)**

- Needs Assessment Report \_\_\_\_\_
- Narrative on level of priority in Consolidated Plan \_\_\_\_\_

**TAB 4: Soundness of Approach (Factor 3)**

- Narrative describing proposed homeownership counseling and supportive services \_\_\_\_\_
- Narrative on budget and implementation timetable \_\_\_\_\_
- 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 partnerships \_\_\_\_\_
- Narrative on coordination and collaboration \_\_\_\_\_

**TAB 5: Leveraging Resources (Factor 4)**

- Narrative on the contributions, roles, and responsibilities of each partner \_\_\_\_\_

**TAB 6: Coordination, Self Sufficiency, and Sustainability (Factor 5)**

- Narrative demonstrating review of Cons. Plan \_\_\_\_\_
- Narrative on coordination w/ State/local welfare plan \_\_\_\_\_

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**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

**APPLICATION CHECKLIST (Continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

- |   |       |       |
|---|-------|-------|
| □ Narrative on coordination with other activities       | _____ | _____ |
| □ Certification of Consistency w/ the Consolidated Plan | _____ | _____ |

**TAB 7: Bonus Points**

- |                       |       |       |
|-----------------------|-------|-------|
| □ EZ/EC Certification | _____ | _____ |
|-----------------------|-------|-------|

**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<br>(Form HUD-50070)  | _____ | _____ |
| □ Certification of Payments to Influence<br>Federal Transactions (Form HUD 50071), and if<br>applicable, Disclosure of Lobbying Activities (Form SF- LLL)<br>and Disclosure of Lobbying Activities Continuation<br>Sheet (Form SF-LLL-A) | _____ | _____ |
| □ Applicant/Recipient Disclosure/Update Report<br>(Form HUD-2880)  | _____ | _____ |
| □ Certification Regarding Debarment and Suspension<br>(Form HUD-2992)  | _____ | _____ |
| □ Acknowledgement of Application Receipt<br>(Form HUD-2993)  | _____ | _____ |

HUD-2002-ROSS (02/02)

**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

***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).

<b>THRESHOLD REQUIREMENT</b>	<b>APPLICANT USE ONLY</b>	<b>HUD USE ONLY</b>
1. Certification of Residents Affected by Welfare Reform (Family applicants only)	_____	_____
2. Certification of previous self-sufficiency program participation, certification of earned income increase, and acceptable range of local minimum income to purchase a home in the local area.	_____	_____
3. Accessible Community Facility Description or Executed Use Agreement (if facility provided is not a PHA)	_____	_____
4. Physical Improvements	_____	_____
5. Match Agreements	_____	_____

OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

**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 HSS 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.

**HSS 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 HSS grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This proposed HSS 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 \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Executive Director or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*

**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

1.) For residents eligible for Homeownership, your application must provide evidence/certification that the targeted population of public housing residents to be served by the proposed grant were beneficiaries of a previously awarded ROSS grant between FY 1999 and FY 2000; eligible population group, 35% earned income and that income is within the range of the income minimum.

\_\_\_\_\_ Total number of residents (previous participants in ROSS for 1999 or 2000, or other State & Local Self Sufficiency Programs) who will participate in proposed homeownership activities.

Proposed Targeted Residents	Minimum Local Income Level for Homeownership	Base Year	Base Year Income	Current Income	Percentage over Base Year

I certify that the proposed residents to be served are within the eligible population group; have an earned income increase of at least 35% and are within the minimum range of income for Homeownership in my local area.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2002.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_  
*Applicant*

OMB Approval No. 2577-0221

Applicant Name:

**Chart A: HSS PROGRAM STAFFING**

**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
<b>III. Contract Administrator</b>		
Budget Line Item 9300 Contract Administrator		

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**Chart A: HSS 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



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**Chart B: HSS Applicant/Administrator Track Record**  
Applicant: \_\_\_\_\_

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

HUD-2002-ROSS (02/02)

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**ROSS FY 2002 FUNDING  
HOMEOWNERSHIP SUPPORTIVE SERVICES**

**Chart C  
HSS 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
<b>2005</b> <b>Program Coordinator</b>	_____
<b>2060</b> <b>Self Sufficiency Program</b>	_____
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	_____
<b>2070</b> <b>Family Supportive Services</b>	_____
<b>2080</b> <b>Homeownership Counseling Programs</b>	_____
<b>9100</b> <b>Travel Costs</b>	_____
<b>9200</b> <b>Other Resident Costs</b>	_____
<b>(Stipends, Reimbursements)</b>	_____
<b>9300</b> <b>Contract Administrator</b>	_____
<b>9400</b> <b>Administrative and Other Costs</b>	_____

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

<b>BUDGET LINE ITEM</b> For each bolded line item, enter total grant funds	<b>ACTIVITIES</b> (Identify lead agency: housing authority, contractor, subgrantee, etc)	<b>HSS GRANT FUNDS</b>	<b>NON-HSS/PARTNER FUNDS</b>	<b>ACTIVITY START/END DATE</b>
<b>2005 Program Coordinator</b> <b>TOTAL: \$</b>				
<b>2060 Self Sufficiency Program</b> <b>TOTAL: \$</b>				
2061 Program Coordinator				
2062 Physical Improvements				
2063 Employment and Job Readiness				
2064 Job Training				
2065 Management Related Employment Training				
2066 Vocational Training				

HUD-2002-ROSS (02/02)

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

<b>BUDGET LINE ITEM</b> For each bolded line item, enter total grant funds	<b>ACTIVITIES</b> (Identify lead agency: housing authority, contractor, subgrantee, etc)	<b>HSS GRANT FUNDS</b>	<b>NON-HSS/ PARTNER FUNDS</b>	<b>ACTIVITY START/EN D DATE</b>
2067 Technical Assistance				
<b>2070 Family Supportive Svs TOTAL: \$</b>				
<b>2080 Homeownership Supportive Svs</b>				
<b>2081 Counseling Services</b>				
<b>2005 Program Coordinator TOTAL: \$</b>				
<b>2870 Elderly Supportive Svs TOTAL: \$</b>				
<b>9100 Travel Costs TOTAL: \$</b>				
<b>9200 Other Resident Costs (Stipends, Reimbursements) TOTAL: \$</b>				

HUD-2002-ROSS (02/02)

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**CHART D: HSS 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)	HSS GRANT FUNDS	NON-HSS/ PARTNER FUNDS	ACTIVITY START/END DATE
<b>9300 Contract Administrator</b> TOTAL: \$				
<b>9400 Admin. &amp; Other Costs</b> TOTAL: \$				

**Chart D: HSS 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	HSS GRANT TOTAL
2005 Program Coordinator	\$
2060 Self Sufficiency Programs	\$
2070 Family Supportive Services	\$
2080 Homeownership 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	\$
<b>TOTAL of all HSS Funds Requested</b>	<b>\$</b>

HUD-2002-ROSS (02/02)

**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 RC/EZ/EC Strategic  
Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

Applicant Name \_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying \_\_\_\_\_

Name of RC/EZ/EC \_\_\_\_\_

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

Name of the  
Official Authorized  
to Certify the RC/EZ/EC \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

