# RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

# APPLICATION FOR FY 2002 FUNDING COVER SHEET

Funding Cate	egory (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:PHARAIRONONPROFITTRIBE/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 I (F).

# **ROSS FY 2002 FUNDING**

# FACT SHEET (continued)

applicants) Name of Board Member	Title	Appointment	Term	ı Date
Ivalite of board Member	1100	, (ppointmont		
Date of Last Board Election	1:	AND THE PROPERTY OF THE PROPER		
Does the organization have	block capta	iins?	Yes	No
Does the organization have	g committee?	Yes	No	
For any previous ROSS g Category (RSDM, RMBD,			ıst note the	Fiscal Year, RC
			1100	

### **ROSS FY 2002 FUNDING**

# FACT SHEET (continued)

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

me of Public Housing De	evelopment	PIH Project #		
ned this	day of	, 2002.		
Applicant Executive Di	rector or Other Authorized Re	epresentative		
Applicant Name				

### **ROSS FY 2002 FUNDING**

# **PROGRAM SUMMARY**

Applicant:	Date:
Applicant type:PHARAIRO	NONPROFITTRIBE/TDHE
Funding Category:	
This narrative will be used for congressional r summary.	notification and will serve as the official progran
<b>A.</b> Please provide a brief summary of the progless) including a brief description of key prograr	gram proposed in your application (100 words o n components.

# **ROSS FY 2002 FUNDING**

# **PROGRAM SUMMARY (continued)**

<b>B.</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	
	III-NIIII/Casii Commuduoii		
Partner's Address			
Partner's Name	In-Kind/Cash Contribution		
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

Applicant Name:					<del></del>	•	
Project Name:	•						
, , , , , , , , , , , , , , , , , , ,							
cation of the Project:		·····		 			
**********				 			
					********		
		,					
Name of the Federal							
Program to which the applicant is applying:				 			
			,				-
Name of							
ertifying Jurisdiction:		· · · · · · · · · · · · · · · · · · ·		 			
Certifying Official	·						
of the Jurisdiction Name:				 			
Title						-	
x title.	A31-444-1-WW-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	******		 ***************************************			
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 t	Signed this day of, 2002.				
Ву:	pplicant Chief Executive Officer or Other Au	thorized Repres	entative		
•	icant:	•			
SUBMIS		APPLICANT	HUD USE		
		USE ONLY	ONLY		
COVER	MATERIALS (See Part II of this application ki	t for forms in th	is tab.)		
٥	Table of Contents		Middle or or or		
	Application Checklist	<del></del>			
٥	Application for Federal Assistance (Form SF-424)				
<u> </u>	Federal Assistance Funding Matrix (Form HUD-424M)				
٥	Standard Form for Budget Information— Non-Construction Programs (Form SF-424A)				
٥	Assurances—Non-Construction Programs (Form SF-424B)		<u></u>		
٥	ROSS Fact Sheet				
	ROSS Program Summary	<del></del>			
	Certification of Consistency and Compliance with General SuperNOFA Threshold Requirer	ments			
TAB 1:	Threshold Requirements				
	Threshold Checklist				
٥	RMBD Certification on Residents Affected by Welfare Reform	·			

# ROSS FY 2002 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

### **APPLICATION CHECK LIST (Continued)**

SUBMISS	SION	APPLICANT	HUD USE
		USE ONLY	ONLY
0	Memorandum of Understanding (MOU) for Partnership between Applicant and PHA/tril	be/TDHE	
a	Accessible Community Facility - Executed Use Agreement		
-	Match Agreements – Not less than 25% of grant requested		
or	Certification of Compliance with 24 CFR Part 8 Contract Administrator Signed Statement (not t		
, <u> </u>	Proof of Applicant Nonprofit Status – Copy of Certification of Incorporation or Good Standing from the State or Copy of IRS 501 (c) designation	•	 HEs)
۵	Certification of Resident Council Board Election	n	~
<u> </u>	List of RAs To Receive Support <b>and</b> Letters of Support from RAs	F	
<i>F</i>	Physical Improvements (Only for applicants proposing physical improvements)  A description of the renovation or conversion to latinetable for those activities.  A firm commitment of assistance from one or moservices will be provided for not less than 2 ye renovation, conversion, or repair activities fund	ore sources ensur ars following the	ing that supportive
٥	Certification of Consistency and Compliance with General SuperNOFA Threshold Requirem	ents	

# ROSS FY 2002 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

### **APPLICATION CHECK LIST (Continued)**

SUBMISSION			APPLICANT	HUD USE
			USE ONLY	ONLY
ТАВ	2: F	Program Description and Budget		
		Program Activities Description—Narrative		
	٥	Your Resident Organization and it's History—Narrative Chart A: RMBD Program Staffing		
		Resumes or summary of proposed staff's qualifications	***************************************	
	۵	Chart B: RMBD Applicant/Administrator Track Record	·	
	٥	Chart C: RMBD Summary Budget Line Items		
	0	Summary of Proposed Work Plan		
		Chart D: RMBD Budget Work Plan Summary, Parts I and II		
		Other Certifications and Assurances t VII of this Application Kit for all forms in	n this tab.)	
	۵	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)		
	٥	Certification Regarding Debarment and Suspension (Form HUD–2992)	·	
	۵	Acknowledgment of Application Receipt (Form HUD-2993)		<del></del>

# ROSS FY 2002 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

# THRESHOLD CHECKLIST

Ap	plicant:	Date.		
and app	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.			
TH	RESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY	
1.	Certification on Residents Affected by Welfare Reform			
2.	Memorandum of Understanding (MOU) for Partnership between Applicant and PHA/tribe/TDH	<u> </u>		
3.	Accessible Community Facility - Executed Use Agreement or MOU			
4.	Match Agreements			
5.	*Certification of Compliance with 24 CFR Part 84 <b>or</b> 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)		<del></del>	
9.	Physical ImprovementsDescription, 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 Reffollowing written certification that at least 51% of program are affected by welfare reform.	orm. Your RMBD application must contain the fresidents to be included in your proposed
RMBD CERTIFICATION ON BY WELFAR	
I certify that a total of people reside in the are targeted for activities during the proposed F	ne housing developments listed below, which MBD grant.
This proposed RMBD grant will serve a total of to be served are residents affected by welfare r	
(1) Currently eligible to receive, are currently repreceding 4 years assistance or services funder Families (TANF), SSI, or Food Stamps.	ceiving, or shall have received within the d under Temporary Assistance for Needy
(2) Elderly or disabled, otherwise not affected be such as child care or mentoring to families affected	y welfare reform, who will provide services cted by welfare reform.
I certify that% of the residents to be ser defined above. At least 51% of residents must application to meet the threshold requirement	st be affected by welfare reform for your
Signed thisday of	,2002.
By:	ther Authorized Representative
For:Applicant Name	

# ROSS FY 2002 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

Appl	icant:		Date:	
7.	Resident Organ	Resident Council Board nization board election a pendent third-party monit	d Election. You must submit certification as required by HUD, signed by the litter and notarized.	ion of the ocal PHA
	CERTIFICATI	ON OF RESIDENT	T COUNCIL BOARD ELECTI	ON
I CEF	RTIFY that			_
	(	name of organization)		
locate	ed in	(city & state)	has duly elected	1
all of Urba	the Resident Cou n Development, 2	ncil Officers as required 4 Code of Federal Regu	d by the U.S. Department of Housing a ulations, Part 964.	and
Date	of Last Resident	Council Board Election:		_•
(Nam	ne and Title of Cel	tifying Housing Agency	Official)	
(Sign	ature)	(D	Pate)	
(Nam	ne and Title of Ind	ependent Third-Party M	onitor)	
(Sign	ature)	(D	Date)	***************************************
NOT	ARY (Signature &	Date)		

	щ)	PHA/Tribe	V	een ja								
dent Organization	Need to Complete and Submit this Cha	Address, City & State										
ticipating with the City-Wide Resi	(Only City-Wide Resident Organization Applicants Need to Complete and Submit this Chart)	Resident   Contact Person										
List of Resident Associations Participating with the City-Wide Resident Organization	(Only City	Name of the Resident Association										

FY 2002 Resident Management and Business Development Applicant:

HUD-2002-ROSS (02/02)

# ROSS FY 2002 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

OMB Approval No. 2577-0221

Chart A: RMBD Program Staffing  I. Applicant (RA or CWRO)	n Staffing CWRO)		Applicant Name:	me:		
Name of Staff Person	Organization and Position	nd Position	Role in	Role in Grant Program	Percent of Time on Grant	Cost to Grant
			The state of the s			
				The second secon		
CONTRACT ADMIN	IINISTRATOR					
Contract Administrator to be	be Solicited	Role in Grant Program	Program	Estimated O	Estimated Cost to Grant Program	am
III.CONSULTANT(S)/TRAINERS/ PROVIDERS/OTHER EXPERTS	RAINERS/SVC.					
Consultants/Trainers to be Solicited	Solicited	Role in Grant Program	Program	Estimated (	Estimated Cost to Grant Program	ram

Chart B: RMBD Applicant/Administrator Track Record

_	- 1
_	
	- 1
-	- 1
~~	- 3
***	- 1
4 6	- 1
C 3	- 1
_	- 4
	- 1
	- 3
	- 3
~	- 1
	•
_	- 3
$\boldsymbol{\Box}$	
	-
-	- 1
~_	- 1
	- 1

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

# ROSS FY 2002 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

# CHART C RMBD BUDGET LINE ITEM SUMMARY

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

See Appendix X for Narrative Descriptions

Chart D: RMBD Budget Workplan Summary - Part	an Summary - Part I Applicant:		OMB Approva	OMB Approval No. 2577-0221
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
1010 Physical Improvements TOTAL: \$		7		A PARTIE AND A PAR
1020 Resident Business Dev. TOTAL: \$				
1021 Develop Business Plan				
				100 mm m m m m m m m m m m m m m m m m m
1022 Conduct Market Analysis				
				(1)
1023				
Bonding				
1024				
Training Related to Resident				
		All the second s		
1025 Establishment of Resident				
Managed Business Dev.				Holdstewn and the second secon
1026				
l echnical Assistance				

/02	
(02	
SS	
ROS	
2-F	
8	
7	
⊒	

Chart D: RMBD Budget Workplan Summary – Part I (cont'd)	Summary – Part I (cont'd) Applicant:		OMB Approva	OMB Approval No. 2577-0221
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
1030 Resident Org. Dev. Activities TOTAL: 8				
1031 Organize Community				
1032 Operating Procedures				
1033 Develop MOU				
1034 Develop Plan for Technical Assistance				
1035 Consultant Contracts				
1036 Self Sufficiency Programs				
1040 Resident Management TOTAL: \$				

(02/02)	
HUD-2002-ROSS	

Chart D: RMBD Budget Workplan Summary - Part I (cont'd)	mmary - Part I (cont'd) Applicant:		OMB Approva	OMB Approval No. 2577-0221
BUDGET LINE ITEM  For each bolded line item, enter total grant funds	TIVITIES g authority, cc	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1041				
Conduct Feasibility Study				warren taken dadakan ini da sana da sa
.`			A CONTRACTOR OF THE PARTY OF TH	The second secon
			-	The state of the s
1042				
Secure Training/Skills/Expertise				
1043				
Develop MOU				
	the second confidence of the second confidence			
1044	TO THE PARTY OF TH			
Secure T/A to Draft Contract				
1045				
Negotiate Contract with PHA				
1047				
Conduct Besident Training/	We will be the second of the s	The state of the s		
Preparation				The second secon
•		constraint in a speciment of the speciment	The same of the sa	
			Annual Control of the	
1050 Self Sufficiency Program TOTAL: \$				
A A A A A A A A A A A A A A A A A A A		Andreas de la company de la co		

	_
$\langle c \rangle$	
300	2
UUUC	כ כ כ
ã	
5	Į
200	
בייים ביים	
200	

Chart D: RMBD Budget Workplan Summary - Part I (cont'd)	ו Summary - Part I (cont'd) Applicant:		OMB Approva	OMB Approval No. 2577-0221
BUDGET LINE ITEM For each bolded line item, enter total grant funds	IVITIES authority, contr	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1051 Employment and Job Readiness				
1052 Job Training				
1053 Management Related Employment Training				
1054 Vocational Training				
1055 Technical Assistance				
1060 Supportive Services TOTAL: \$		-		
9100 Travel Costs TOTAL: \$ 9200 Other Resident Costs (Stipends, Reimbursements)				
TOTAL: \$				

•		-		OMB Approva	OMB Approval No. 2577-0221
Chart D: RMBD Budget Work	Chart D: RMBD Budget Workplan Summary - Part I (cont'd)	Applicant:			
BUDGET LINE ITEM	ACTIVITIES		RMBD	NON-RMBD/	ACTIVITY
For each bolded line item, enter total	(Identify lead agency: housing authority, contractor, subgrantee, etc)	ractor, subgrantee, etc)	GRANT		START/END
grant funds			FUNDS	FUNDS	DATES
9300 Contract Administrator					
TOTAL: \$				-	
9400 Admin. and Other Costs					
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	8
1020 Resident Business Development	\$
1030 Resident Organization Development Activities	8
1040 Resident Management	\$
1050 Self Sufficiency Program	₩.
1060 Supportive Services	\$
9100 Travel Costs	49
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
9300 Contract Administrator	₩
9400 Administrative and Other Costs	\$
TOTAL of all RMBD Funds Requested	₩

### **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:

- 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 nondiscrimination 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. <u>Economic Opportunities for Low and Very Low-Income Persons.</u> 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)
- 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. <u>Uniform Relocation.</u> 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. <u>Cost Principles.</u> 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.

Sigi	ned this day of, 2002.	
Ву:		
	Applicant Chief Executive Officer or Other Authorized Representative	
For		

# RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

# APPLICATION FOR FY 2002 FUNDING COVER SHEET

Funding Cat	tegory (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)
	(Аррисанс наше)
Contact Person:	·
Telephone:	( )
Delivered To	O:(HUD Field Office)
Date:	

PLEASE USE THIS PAGE AS COVER PAGE

### **ROSS FY 2002 FUNDING**

### **FACT SHEET**

Applicant Information
Applicant:
Applicant Type:PHARAIRONONPROFITTRIBE/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.

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

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

# **ROSS FY 2002 FUNDING**

# FACT SHEET (continued)

SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)						
	Title	Appointment	Term	Date		
	AND STATE OF THE S					
		10-10-10-10-10-10-10-10-10-10-10-10-10-1				
Date of Last Board Election	•					
Does the organization have block captains?  YesN		No				
Does the organization have	an operatin	g committee?	Yes	No		
For any previous ROSS g Category (RSDM, RMBD, o			st note the	Fiscal Year, R	≀oss	
	- 1944-1-144 (STUDIO) - 1944-148 (STUDIO)			The state of the s		
			Samuel Community of the			

### **ROSS FY 2002 FUNDING**

# FACT SHEET (continued)

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

Name of Public Housing Dev	/elopment	Р	'IH Project #	
				<del></del>
			and the second s	
			namen and the second se	··········
The state of the s			:	
				···
			**************************************	
Signed this	day of		2002	
By: Applicant Executive Direc	-t			
or:	·		aren ur anno montante ano	
Applicant Name				

### **ROSS FY 2002 FUNDING**

# **PROGRAM SUMMARY**

Applicant:	
Applicant type:PHARAIRO	NONPROFITTRIBE/TDHE
Funding Category:	
This narrative will be used for congressional n	notification and will serve as the official program
A. Please provide a brief summary of the progless) including a brief description of key prograr	gram proposed in your application (100 words or n components

### **ROSS FY 2002 FUNDING**

# **PROGRAM SUMMARY (continued)**

<b>B.</b> Please provide a listing of all partners involved, their in-kind/cash contribution, and num of persons to be served by each partner using the format below. (You may copy this pagadditional space is needed.)						
In-Kind/Cash Contribution	# Persons Served					
and the second s	The second secon					
In-Kind/Cash Contribution	# Persons Served					
In-Kind/Cash Contribution	# Persons Served					
	In-Kind/Cash Contribution  In-Kind/Cash Contribution  In-Kind/Cash Contribution  In-Kind/Cash Contribution	In-Kind/Cash Contribution # Persons Served  In-Kind/Cash Contribution # Persons Served				

**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 cur	rent, approved Consolidated Plan.
(Type or clearly print the foll	owing 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 t	Signed this day of, 2002.						
Ву:		Men Podomin George					
Applicant Chief Executive Officer or Other Authorized Representative							
For Applicant:							
SUBMISS	SION	APPLICANT USE ONLY	HUD USE ONLY				
Cover M (See Par	aterials t II of this application kit for forms in thi	s tab.)	÷				
	Table of Contents						
٥	Application Checklist						
٥	Application Cover Sheet	And passage of the control of the co	<u> </u>				
٥	Application for Federal Assistance (Standard Form SF-424)						
٥	Federal Assistance Funding Matrix (Form HUD-424M)	· · · · · · · · · · · · · · · · · · ·					
٥	Budget Information —Non-Construction Programs (Standard Form SF-424A)		**************************************				
	Assurances—Non-Construction Programs (Standard Form SF-424B)						
۵	ROSS Fact Sheet		***				
	ROSS Program Summary						
О	Certification of Consistency and Compliance with General SuperNOFA Threshold	- Harris and the second second					

Requirements

# **ROSS FY 2002 FUNDING**

# **CAPACITY BUILDING**

# **APPLICATION CHECKLIST (continued)**

SUBMIS	SION	APPLICANT	HUD USE
	·	USE ONLY	ONLY
TAB 1:	Threshold Requirements		
Ε	Threshold Checklist	***************************************	
ε	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 (not for tribes/TDHEs)		<del></del>
Ε	Match Agreements Not less than 25% of grant requested	-	
C	List of RAs to Receive Support and Letters of Support from RAs	, were the second of the secon	garage and an analysis of the second
C	Certificate of Compliance with either 24 CFR Part 84 <b>or</b> Contract Administrator Signed State (not for tribes/TDHEs)	ement	
C	MOU between Applicant and PHA/tribe/TDHE	Management of the Confession o	
C	Accessible Community Facility – Description o Executed Use Agreement	r	
TAB 2:	Program Description and Budget		
C	Needs Assessment Report	·	
C	Proposed Program Activities Description		
	Experience and Staffing—Narrative	4	
Ç	Chart A: CB Program Staffing		

# **ROSS FY 2002 FUNDING**

### **CAPACITY BUILDING**

# **APPLICATION CHECKLIST (continued)**

SUBMISS	SION	APPLICANT USE ONLY	HUD USE ONLY
0	Resumes <b>or</b> Summary of Proposed Staff's Qualifications		
٥	Chart B: Applicant Track Record	VIII.	
٥	Work Plan Summary	eventure	
٥	Chart C: Summary Budget Line Items		When the state of
ū	Chart D: Budget Workplan Summary, Parts I a	and II	Make the translated of the second of the sec
	Other Certifications and Assurances t VII of this Application Kit for all forms i	n this tab.)	
٥	Certification for a Drug-Free Workplace (Form HUD-50070)		With the second
ū	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		
۵	Applicant/Recipient Disclosure/Update Report (Form HUD-2880)	***************************************	All the second s
ū	Certification Regarding Debarment and Suspension (Form HUD–2992)	***************************************	MANAGER STATEMENT OF THE STATEMENT OF TH
0	Acknowledgement of Application Receipt	· · · · · · · · · · · · · · · · · · ·	to design or of the first the second of the

# ROSS FY 2002 FUNDING CAPACITY BUILDING

# THRESHOLD CHECKLIST

Applicant:

Date:\_\_\_\_

ac kit inf	tu must address the following threshold requirements for ceptable for rating and ranking. You can verify that information is included appropriately. (See ROSS NOT uperNOFA Section II). Note: Items marked with an * do	ormation is includes se note that HUFA, Section VI (A	led in your application  D will also verify that  A) & (C) and General
Tŀ	HRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
٠.	*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	and the second s	
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	Note the control of t	Working and Williams
6.	Accessible Community Facility – Description or Executed Use Agreement	***************************************	California de Ca

# ROSS FY 2002 FUNDING CAPACITY BUILDING

Applicant:		Date:	
THRESHOLD REQU	IREMENTS		
program if it serves the elde	erly or persons with d g the certification pro	orm. This requirement is not applications. Your Family CB applications yield below) that at least 51% of the welfare reform.	ation must
CB CERT	FIFICATION ON BY WELFAR	RESIDENTS AFFECTED RE REFORM	
I certify that a total of are targeted for activities du		the housing developments listed b B grant.	elow, which
			Address
This proposed CB grant wil served are residents affected		residents. Included in the rec	cipients to be
	ce or services funded	ceiving, or shall have received with d under Temporary Assistance for	
		fected by welfare reform, who will lies affected by welfare reform.	provide
	sidents must be affe	ed are affected by welfare reform, ected by welfare reform for your FA.	
Signed this	day of	, 2002.	
By:		thorized Representative	ap
. ,	Director of other Aut	nonzeu riepresentative	
For: Applicant Name	- AMERICA - AMER	AND STREET, THE ST	

4-21

FY 2002 Capacity Building		Applicant:	
List of Resident Associations Participating	ĵing .		
Name of the Resident Association	Contact Person	Address, City & State	Housing Authority/Tribe
The state of the s	A STREET, A STRE		
COACHE COACHE COACHE CAN AND AN AND AN ANALYSIS AND AN ANALYSIS AND AN			

(0)/(0)	1
080	
N2.R	1
11.20	1
Ξ	֡

Olvib Approval N		nt Cost to Grant				۲		
		Percent of Time on Grant		-		o Grant Progran		
		Role in Grant Program				n Estimated Cost to Grant Program		
FFING Applicant Name:		Organization and Position				olicited   Role in Grant Program		
Chart A: CB PROGRAM STAFFING	I. APPLICANT	Name of Staff Person			II. CONTRACTOR ROLE	Type of Contractor to be Solicited		

4-39

Chart B: CB Applicant Track Record Applicant:

0.5000,2000		T	T	T	I				
Percent Complete									
Major Goal #2							·		
Percent Complete									
.Major Goal #1									
% of Funds Drawn Down									
% of Term Complete									
Project Number									
Program									
					,000,000 pp. 11.				
	Program Project Number % of Term % of Funds Major Goal #1 Percent Complete Drawn Down	Project Number: %, of Term %, of Funds Major Goal # Complete Drawn Down Complete	Project Number % of Term % of Funds Major Goal#2 Complete Drawn Down Complete	Project Number: %, of Term %, of Funds Major Goal#2 Complete Drawn Down Complete	Project Number % of Term % of Funds Major Goal #1 Complete Complete	Project Number % of Term % of Funds Wajor Goal #f Percent Major Goal #f	Project Number % of Funds Wajor Goal #1 Percent Major Goal #2  Complete Drawn Down  Complete Complete	Project Number % of Team. % of Fauris Major Goal ##! Percent Computer Computer	Project Number % of Term 2% of Tunds Major Goal #F Percent Complete Drawn Down Down

HUD-2002-ROSS (02/02)

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

BUDGET LINE ITEM	ACTIVITIES	CB	NON-CB	ACTIVITY
Include grant funding totals in each bolded	(Identify lead agency: housing authority, contractor, subgrantee, etc)	GRANT	PARTNER	START/END
line item.		FUNDS		DATE
3000 Capacity Building Activities TOTAL: 8				
3010				
Training				
3011				
Consultants				
3012				
Other				
,				
9100 Travel Costs TOTAL: \$				
9300 Contract Administrator TOTAL: \$				
9400 Administrative Costs TOTAL: \$				

HUD-2002-ROSS (02/02)

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

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

HUD-2002-ROSS (02/02)

# CHART D: BUDGET WORK PLAN SUMMARY-PART! (Continued)

OMB Approval No. 2577-0221

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

Duniant grant. These totals can be to all the total and the chair above.	כן נונכ כוומון מססיכ.
SUMMARY BUDGET LINE ITEMS	CB GRANT TOTAL
3000 Capacity Building Activities	8
9100 Travel Costs	€
9300 Contract Administrator	4
9400 Administrative and Other Costs	↔
TOTAL of all Capacity Building Funds Requested	↔

### **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:

- 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 nondiscrimination 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. <u>Uniform Relocation.</u> 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. <u>Cost Principles.</u> 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 Ch	nief Executive Offic	er or Other Authorized i	Representative	
For:	·	CONTRACTOR OF THE PROPERTY OF		

# RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

# APPLICATION FOR FY 2002 FUNDING COVER SHEET

Funding Cat	egory (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:PHARAIRONONPROFIT 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 A applicants)	ASSOCIATIO	ON BOARD INFORMA	TION (Does	not apply to SC
Name of Board Member	Title	Appointment	Term	Date
MBC				
· · · · · · · · · · · · · · · · · · ·				
Date of Last Board Election	າ:	· · · · · · · · · · · · · · · · · · ·		
Does the organization have	e block capta	ins?	Yes	No
Does the organization have	an operatin	g committee?	Yes	No
For any previous ROSS g Category (RSDM, RMBD,			st note the	Fiscal Year, ROS
-			101 W 101 W 1	1000
entre processing and a second			,	
				111111111111111111111111111111111111111

### **ROSS FY 2002 FUNDING**

### FACT SHEET (continued)

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

ame of Public Housing D	evelopment	PIH Project#
	and control of the second seco	
A A A A A A A A A A A A A A A A A A A		
and an about a great programmer and a great p		
gned this	day of	, 2002.
•		
Applicant Executive Di	rector or Other Authorized Re	epresentative
r:		
Applicant Name	A CONTRACTOR OF THE CONTRACTOR	

### **ROSS FY 2002 FUNDING**

### **PROGRAM SUMMARY**

Applicant:	Date:
Applicant type:PHARAIRO	NONPROFITTRIBE/TDHE
Funding Category:	·
This narrative will be used for congressional no summary.	otification and will serve as the official program
A. Please provide a brief summary of the progress) including a brief description of key program	ram proposed in your application (100 words or components.

### **ROSS FY 2001 FUNDING**

### **PROGRAM SUMMARY (continued)**

<b>B.</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:

- 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 nondiscrimination 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).
- 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. <u>Uniform Relocation.</u> 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. <u>Cost Principles.</u> 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.	
Ву:			
Applicant Ci	hief Executive Office	er or Other Authorize	d Representative
For:		. 7.0000.0000.0000.0000.0000.0000.0000.	

# 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.				
В	Applicant Chief Executive Officer or Other Authorized	d Representativ	e		
	r Applicant:				
		oupa.			
SU	JBMISSION	APPLICANT	HUD USE		
		USE ONLY	ONLY		
C	OVER MATERIALS (See Part II of this application kit for	forms in this tal	b.)		
ū	Application Checklist	<del></del>	Windowski (Market Market Marke		
٥	Application Cover Sheet				
٥	Application for Federal Assistance (Standard Form SF-424)	***************************************			
	Federal Assistance Funding Matrix (Form HUD-424M)	words (A State of Sta			
۵	Standard Form for Budget Information Non-Construction Programs (SF-424A)		annahiri Mayaran aya sabar		
٥	Assurances – Non-Construction Programs (Form SF-424B)	white the state of			
	ROSS Fact Sheet		Walter Committee		
	ROSS Program Summary		***************************************		
0	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	HUD USE
		USE ONLY	ONLY
0	Certification on Resident Affected by Welfare Reform (Family RSDM Applicants Only)		
Q	Elderly Housing Development Certification (Elderly RSDM Applicants Only)		
	Accessible Community Facility –Description or Executed Use Agreement (if facility provided is not a PHA)	And a finite following and the finite following of the	
۵	Match Agreements-Not less than 25% of grant requested		314a.b.,
<u> </u>	Physical Improvements (Only for applicants proposing physical improvements)		and the second s
0	Certificate of Compliance with either 24 CFR Part 84 or 85 <b>or</b> Contract Administrator Signed Statement (not for Tribes/TDHEs or non-troubled PHA:	s)	
	Proof of Nonprofit Status (RA, IRO, and Nonprofit Applicants Only). IROs must have 501 (c) status.	Wilderson and Administration of the Control of the	
	Certification of Resident Council Board Election (RA Applicants Only)	Contraction of the Contraction o	
	List of RAs to Be Served and Letters of Support from RAs		<del>talanan and dariti maradi ia</del>
TAB 2: Capacity of the Applicant and Relevant Organizational Experience (Factor 1)			
Q	Chart A: Program Staffing	(Management and Management and Manag	
	Narrative on proposed staffing and coordination		

# ROSS FY 2002 FUNDING RESIDENT SERVICE DELIVERY MODELS

### **APPLICATION CHECKLIST (Continued)**

SUBMISSION		APPLICANT	HUD USE	
		USE ONLY	ONLY	
0	Chart B: Applicant/Administrator Track Record			
	Organization Chart		,	
	Staff Position Descriptions		- PROPERTY OF THE PROPERTY OF	
	Staff Resumes or Background/ Experience Descriptions	AMERICA CONTRACTOR OF THE PROPERTY OF THE PROP	· · · · · · · · · · · · · · · · · · ·	
□	Narrative on program administration and fiscal management structure			
TA	B 3: Needs/Extent of Problem (Factor 2)			
ū	Needs Assessment Report		May represent the state of the	
	Narrative on level of priority in Consolidated Plan/IHP	Property Management (1984)	Personal Assessment Company of the C	
TA	TAB 4: Soundness of Approach (Factor 3)			
o.	Narrative describing proposed services		begreyen	
	Narrative on resident contracting and employment		SSECTOR CONTRACTOR OF THE PROPERTY OF THE PROP	
۵	Chart C: Summary Budget Line Items	e-verse verse distance verse distance		
ū	Chart D: Budget Work Plan Summary, Parts I and II			
	Narrative on program assessment	The state of the s		
a	Narrative on resident involvement and other partnerships		nny ilidaga ay ay an	
0	Narrative on relationship coordination		anno de maio de la companio de la Carlo de La companio de La compa	
TAB 5: Leveraging Resources (Factor 4)				
<u> </u>	Narrative on the contributions, roles, and responsibilities of each partner	e-nyyeleksin-anananikesialah	-	

# ROSS FY 2002 FUNDING RESIDENT SERVICE DELIVERY MODELS

### **APPLICATION CHECKLIST (Continued)**

SU	BMISSION	APPLICANT USE ONLY	HUD USE ONLY			
TA	TAB 6: Coordination, Self-sufficiency, and Sustainability (Factor 5)					
a	Narrative demonstrating review of Consolidated Plan/IHP					
u	Narrative on coordination w/ State/local welfare plan					
	Narrative on coordination with other activities	- Walter House				
	Certification of Consistency w/ the Consolidated Plan					
	Certification of Consistency w/ the Indian Housing Plan (Tribes/TDHEs only)					
ΤA	B 7: Bonus Points					
۵	EZ/EC Certification					
	AB 8: Other Certifications and Assurances bee 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)	And the second s	-			
	Certification Regarding Debarment and Suspension (Form HUD–2992)					
0	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 acceptable for rating and ranking. You can verify that information is included appropriately. (See NOFA, SuperNOFA Section II).		rmation is incluse note that H	ided in your application UD will also verify that
T	HRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1.	Certification on Residents Affected by Welfare Reform (Family applicants only)		
2.	Elderly Housing Development Certification (Elderly applicants only)	year (Managarangarangarangarangarangarangarang	
3.	Accessible Community Facility Description or Executed Use Agreement (if facility provided is not a PHA)	entropolitica designativo de .	***************************************
4.	Match Agreements	Marie annu a salah promisionana	
5.	Physical Improvements (Only for applicants proposing physical improvements)	Approximation and Approximate Approximation and	
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)	September States and April 1985	
7.	Proof of Applicant Nonprofit Status (RA, IROs, and non- profit applicants only)	· ·	
8.	Certification of Resident Board Election (RA applicants only)	were the state of	<del> </del>
9.	List of RAs to be Served and Letters of Support from RAs	and the second second	

# ROSS FY 2002 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant:	**************************************	Date:	
THRESHOLD RE	<i><b>EQUIREMENTS</b></i>		
program if it serves th contain a certification	e elderly or persons with d	orm. This requirement is not applicable isabilities. Your Family RSDM applica vided below) that at least 51% of resided welfare reform. □	ition must
RSDM	CERTIFICATION OF BY WELFAR	N RESIDENTS AFFECTED RE REFORM	
	people reside in ties during the proposed R	he housing developments listed below SDM grant.	v, which
This proposed RSDM be served are residen	grant will serve a total of _ ts affected by welfare refo	residents. Included in the recm who are either:	ipients to
	istance or services funded	eiving, or shall have received within th I under Temporary Assistance for Nee	
		fected by welfare reform, who will provies affected by welfare reform.	vide
above. At least 51%	% of residents to be serve of residents must be affe d requirement of this NO	ed are affected by welfare reform, as o ected by welfare reform for your ap FA.	lefined plication
Signed this	day of	, 2002.	
Ву	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
Applicant Exec	cutive Director or other Aut	horized Representative	
For:	Mark 1977		WHILE THE PARTY OF
Applicant Nam	e		

# ROSS FY 2002 FUNDING RESIDENT SERVICE DELIVERY MODELS

Appli	cant: Date:
resi	Elderly Housing Development Certification. You must certify that at least 25% of the dents in the development(s) proposed for the grant activities are elderly and/or nonerly people with disabilities.
	RSDM ELDERLY HOUSING DEVELOPMENT CERTIFICATION
	I CERTIFY that% of the residents in the development(s) proposed for the gran activities are elderly and/or non-elderly people with disabilities at the time of the application; thereby meeting or exceeding the 25% requirement.
	d this day of, 2002.
- ,	Applicant Executive Director or other Authorized Representative
For:	
	Applicant Name

# ROSS FY 2002 FUNDING RESIDENT SERVICE DELIVERY MODELS

Applicant:		Date:
	s required by HUD, signed by	RA applicants must submit certification of the I y the local PHA and/or an independent third-pa
	Certification of Reside	nt Council Board Election
	(name of organization)	
located in	/ -: (	has duly elected all
of Resident Coul Development, 24	ncil Officers as required by the 4 Code of Federal Regulations	e U.S. Department of Housing and Urban
(Name and Title	of Certifying Housing Agency	Official)
(Signature)	([	Date)
(Name and Title	of Independent Third-Party M	lonitor)
(Signature)	(I	Date)
NOTARY (Signa	ture & Date)	

Chart A: RSDM PROGRAM STAFFING	GRAM STAFFING	Applicant Name:	Carro appropriation
L 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	ULTANT ROLE		
Type of Contractor to be Solicited	olicited Role in Grant Program		Estimated Cost to Grant Program
III. Contract Administrator Budget Line Item 9300 Contract Administrator			

HUD-2002-ROSS (02/02)

Chart B: RSDM Applicant/Administrator Track Record Applicant:

% Complete					·	
#2		alough the control of				
Major Goal #2		A Frinces of the Control of the Cont				
	-			-		
. Complete					·	
14						
Major Goal #1		The state of the s				
	-			-		
% of Funds Draw Down			-	·		
% of Term Complete						
Project No.						
Program						

## ROSS FY 2002 FUNDING RESIDENT SERVICE DELIVERY MODELS

# Chart C RSDM SUMMARY BUDGET LINE ITEMS

<b>Applicant Name</b>		Date:
amounts will be	cific budget amounts for each line item. programmed into HUD's Line of Credit. acking uses of grant drawdowns.	
BUDGET L	INE ITEM	AMOUNT
2005	Program Coordinator (family or elderly)	
2010	Physical Improvements	
<b>2020</b> 2021 2022	Entrepreneur Business Development Establishing A Revolving Loan Fund Developing a Credit Union	
2030 2031 2032 2033 2034 2035	Business Development Develop Business Plan Conduct Market Analysis Secure Licensing, Insurance, Bonding Training Related to Resident Owned Business Establishment of Resident Managed Business Development	
2040 2041 2042 2043 2044 2045 2046	Resident Organization Development Activities Organize Community Operating Procedures Develop MOU Develop Plan for Technical Assistance Consultant Contracts Self Sufficiency Programs	
2050 2051 2052 2053 2054 2055 2056	Resident Management Conduct Feasibility Study Secure Training/Skills/Expertise Develop MOU Consultant Secure T/A to Draft Contract Negotiate Contract with PHA	

Conduct Resident Training Preparation

2057

### **SUMMARY BUDGET INFORMATION (continued)**

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

Applicant Name:

CHART D: RSDM Budget Work Plan Summary - Part I

ACTIVITY START/END DATE

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

HUD-2002-ROSS (02/02)

Secure Licensing, Insurance, Bonding

2033

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

BUDGET LINE ITEM For each bolded line item, enter total	ACTIVITIES (Identify lead agency: Housing Authority, Contractor, Subgrantee, or other partners)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER	ACTIVITY START/END
glant tunes			LONDS	Date
2034	THE PROPERTY OF THE PROPERTY O			CONTRACTOR OF THE PARTY OF THE
Training Related to	туруул тайман катандарын тайын			
Resident Owned Business		- POPMAN SALAK SPEAKAN SALAK SPEAKAN SALAK SPEAKAN SALAK SPEAKAN SALAK SPEAKAN SPEAKAN SALAK SPEAKAN SALAK SPEAKAN SPE	The state of the s	The state of the s
7035		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T		
Dotablishmant of Decident	THE PROPERTY OF THE PROPERTY O	of the Control of the		
Managed Ducings				
Development				The state of the s
				- Paragraphy and the state of t
			CALLED BASES OF THE STATE OF TH	- control of the cont
2040 Resident Organization				
Development Activities TOTAL: \$				
2041		The second of th		
Organize Community			TO THE PROPERTY OF THE PROPERT	MANAGES AND
2042		The state of the s		
Operating Procedures				
2043				
Develop MOU				
2044				
Develop Plan for	The second secon			
Technical Assistance				

OMB Approval No. 2577-0221

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

NON-RSDM/ ACTIVITY PARTNER START/END FUNDS DATE			-				1114														
RSDM GRANT NO FUNDS FUI																					
ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)											A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.		Addition to the second		And the very						
BUDGET LINE ITEM For each bolded line item, enter total grant funds	2045	Consultant Contracts		2046	Self Sufficiency	Programs		2050 Resident Management TOTAL: \$	2051	Conduct Feasibility Study		2052	Secure Training/Skills/	Expertise		2053	Develop MOU		2054	Consultant	

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

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

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	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RSDM GRANT FUNDS	NON-RSDM/ PARTNER FINDS	ACTIVITY START/END DATE
grant tunds			agric i	2111
2064	entered the second seco	-		
Job Training				
)				
			112	
2065				
Management Related				
Employment Training				
)				
2066				
Vocational Training				
Angelegen				
2067				
Technical Assistance				
		-		
•				
2070 Family Supportive Svs TOTAL: \$				
2005 Program Coordinator TOTAL: S				
2870 Elderly Supportive Svs TOTAL: \$				
9100 Travel Costs TOTAL: \$				
9200 Other Resident Costs				
(Stipends, Reimbursements) TOTAL: 8				

HUD-2002-ROSS (02/02)

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

DITE TARE	ACTIVITIES	RSDM GRANT   NON-RSDM/   ACTIVITY	NON-RSDM/	ACTIVITY
BODGET LINE LIEM	(Identify lead agency: housing authority, contractor, subgrantee, etc)	FUNDS	PARTNER	START/END
FOI each bonded fine form,			FUNDS	DATE
grant tanas				
9300 Contract Administrator				
TOTAL: \$				
9400 Admin. & Other Costs				
TOTAL: \$				

# Chart D: RSDM Budget Work Plan Summary - Part II

Please insert below the totals for each Summary Budget Line Item to be included in your grant.

These totals can be found in the far left column on Part I of the chart above.

וופספ וסומוס כמון מכן במוומ ווי מוס נמי יכו ככי יכו יכו יכו יכו יכו יכו יכו יכ	
SUMMARY BUDGET LINE ITEMS	RSDM GRANT TOTAL
2005 Program Coordinator	€
2010 Physical Improvements	\$
2020 Entrepreneur Business Development	€
2030 Business Development	8
2040 Resident Organization Development Activities	€
2050 Resident Management	\$
2060 Self Sufficiency Programs	\$
2070 Family Supportive Services	↔
2870 Elderly Supportive Services	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
1060 Supportive Services	\$
9100 Travel Costs	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	₩
TOTAL of all RSDM Funds Requested	€

# 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 cur	rent, approved Consolidated Plan.
(Type or clearly print the following	owing information:)	
Applicant Name:		
Project Name:		
Location of the Project:		
Name of the Federal Program to which the		
applicant is applying:		
Name of Certifying Jurisdiction:		
of the Jurisdiction		
Title:		
Signature:	·	
Date:		

# CERTIFICATION OF CONSISTENCY WITH THE INDIAN HOUSING PLAN

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

I certify that the proposed activities current, approved Indian Housing I	s/projects in the application are consistent with the jurisdiction's 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:	
Dote	

# 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 fo	ollowing information)	
Applicant Name		
Name of the Federal Program to which the applicant is applying		
Name of RC/EZ/EC		
	roposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community reside	
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 Cat	tegory (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	O:(HUD Field Office)
Date:	

PLEASE USE THIS PAGE AS COVER PAGE

#### **ROSS FY 2002 FUNDING**

## **FACT SHEET**

Applicant Information
Applicant:
Applicant Type:PHARAIRONONPROFITTRIBE/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 Applicants)	ASSOCIATIO	ON BOARD INFORMA	TION (Does	not apply to SC
Name of Board Member	Title	Appointment	Term	n Date
Date of Last Board Election	n:	ALL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR		
Does the organization have block captains?			Yes	No
Does the organization have	g committee?	Yes	No	
For any previous ROSS g Category (RSDM, RMBD,			st note the	Fiscal Year, ROS
				·
	· · · · · · · · · · · · · · · · · · ·			

## **ROSS FY 2002 FUNDING**

## FACT SHEET (continued)

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

Name of Public Housing	lame of Public Housing Development		
•			
		·	
Signed this	day of	2002	
y:	Director or Other Authorized Re		
Applicant Executive I	Director or Other Authorized Re	epresentative	
or:			
Applicant Name			

# **ROSS FY 2002 FUNDING**

# **PROGRAM SUMMARY**

Applicant:			
Applicant type:PHARAIRO	NONPROFITTRIBE/TDHE		
Funding Category:			
This narrative will be used for congressional not summary.	tification and will serve as the official program		
A. Please provide a brief summary of the programs			

## **ROSS FY 2002 FUNDING**

## **PROGRAM SUMMARY (continued)**

<b>B.</b> Please provide a lis of persons to be serve additional space is need	d by each partner using the forr	in-kind/cash contribution, and number nat below. (You may copy this page if
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:

- 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 nondiscrimination 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. <u>Economic Opportunities for Low and Very Low-Income Persons.</u> 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. <u>Uniform Relocation</u>. *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. <u>Cost Principles.</u> 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:	-
-or:	_

# ROSS FY 2002 FUNDING SERVICE COORDINATORS

# **APPLICATION CHECKLIST**

	ERTIFY that the following application check lects the contents of my application.	list is complete an	d that it accurately
Siç	ned this day of	, 2002.	
Ву	:	I Representative	<u> </u>
Fo	r Applicant:		
Us inc	e this checklist to review your package and insur- luded. <b>Submit a copy of this form with your ap</b>	e all materials are proplication.	operly completed and
SU	BMISSION	APPLICANT USE ONLY	HUD USE ONLY
	over Materials see Part II of this application kit for some forms	in this tab.)	
	Application Checklist		
	Application Cover Sheet		
	Lead agency letter form (if applicable)		
	Evidence of Comparable Salaries in Local Area		
	Application for Federal Assistance (Standard Form SF-424)		
ū	Federal Assistance Funding Matrix (Form HUD-424-M)		
	Assurances—Non-Construction Programs (Standard Form SF-424B)	·	·
	ROSS Fact Sheet		
	Chart A: Summary Budget Line Items		

# ROSS FY 2002 FUNDING SERVICE COORDINATORS

SI	JBMISSION	APPLICANT USE ONLY	HUD USE ONLY	
TA	AB 1: Threshold Requirements			
	Request Letter			
0	Match Agreements – Not less than 25% of the grant requested		· · · · · · · · · · · · · · · · · · ·	

# ROSS FY 2002 FUNDING SERVICE COORDINATORS

## **REQUEST LETTER FORMAT**

Dear	ar Date:	
	ar Date: Director, Public Housing	
	e following is my request for a one-year Service Coordinator renewal grant. I a otal grant amount of \$	m requesting
l.	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. C	Did you have a FY 1995 Elderly Service Coordinator grant?YesNo.	
li.	DEVELOPMENT INFORMATION	
1.	Total Number of Units Occupied by the Elderly and/or Persons with Disabilitie	s:
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.		relopment will share a Service Coordinator with er development(s) or applicant(s)YesNo
	If ye	es, please give name and address of the development(s) and applicant(s), if different.
	4	
_		
7.	lota	al number of Service Coordinators to be funded by the grant funds:
III.	CO	STS
app incr	roved ease uest	award amounts cannot be higher than the applicant's highest funding and staffing level for a one-year period for the applicant's last funded Service Coordinator grant. An of up to 2% will be allowed if supported by a narrative justification attached to this Letter.  Ary 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

111.	COSTS (continued)				
2.	Administrative Costs				
	Any administrative costs	may amount to	no more th	an 20% of the tota	l grant.
	Item			Amount	
				\$	
			····	\$	
		****		\$	
	•	Total:		\$	
3.	Total Cost				
	One-year total costs:				
	Allowable administra Annual salary rate	ative costs	\$ \$	+ =	
•	Total Cost		\$		
Plea	se distribute the TOTAL A	mount Reques	ted by the fo	llowing Budget Lir	ne Items:
Serv	rice Coordinators				
	9810 9820 9830 9840 9850				
		TOTAL			
	appreciate your considerat				
Since	erely,				
Sign	ature	Typed Name		Title	·

# 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 numb Coordinator. The developments are:	per) developments, which will share a Service
Development Name and Address	Amount Requested (\$)
	<u> </u>
The completed requests from each of these	(specify number) applicants are attached
	Sincerely,
	Signature
	Typed Name
	Title

# RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

# APPLICATION FOR FY 2002 FUNDING COVER SHEET

Funding Cat	tegory (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	O:(HUD Field Office)
Date:	

PLEASE USE THIS PAGE AS COVER PAGE

#### **ROSS FY 2002 FUNDING**

## **FACT SHEET**

Applicant Information
Applicant:
Applicant Type:PHARAIRONONPROFITTRIBE/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 A applicants)	SSOCIATIO	ON BOARD INFORMA	TION (Does	not apply to	SC
Name of Board Member	Title	Appointment	Term	Date	
					· · · · · · · · · · · · · · · · · · ·
Date of Last Board Election	:	· 			
Does the organization have	block capta	ins?	Yes	_ No	
Does the organization have	an operatin	g committee?	Yes	No	
For any previous ROSS g Category (RSDM, RMBD,	-	· -	st note the	Fiscal Year, F	ROSS

#### **ROSS FY 2002 FUNDING**

## FACT SHEET (continued)

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

Name of Public Housing De	evelopment	PIH Project #
,		
igned this	day of	, 2002.
v.		
Applicant Executive Dir	ector or Other Authorized Re	epresentative
or:		
Applicant Name		

#### **ROSS FY 2002 FUNDING**

#### **PROGRAM SUMMARY**

Applicant:	Date:
Applicant type:PHA	
Funding Category:	***
This narrative will be used for congressional notification summary.	and will serve as the official program
A. Please provide a brief summary of the program propoless) including a brief description of key program compone	, ,,

**TOTAL** 

OMB Approval No. 2577-0221

#### **ROSS FY 2001 FUNDING**

#### **PROGRAM SUMMARY (continued)**

<b>B.</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	PART AND	·		
:				
Partner's Name	In-Kind/Cash Contribution			
Partner's Address				
Partner's Name	In-Kind/Cash Contribution			
Partner's Address				
Partner's Name	In-Kind/Cash Contribution			
Partner's Address				

# 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.				
Sig	gned this day of, 2002.			
Ву	:Applicant Chief Executive Officer or Other Authorized			
			•	
Fo	r Applicant:		······································	
SU	BMISSION	APPLICANT	HUD USE	
		USE ONLY	ONLY	
CC	OVER MATERIALS (See Part II of this application kit for f	orms in this tal	o.)	
	Application Checklist			
۵	Application Cover Sheet	1		
	Application for Federal Assistance (Standard Form SF-424)		<del></del>	
۵	Federal Assistance Funding Matrix (Form HUD-424M)	Address/monocological controller		
۵	Standard Form for Budget Information Non-Construction Programs (SF-424A)			
٥	Assurances – Non-Construction Programs (Form SF-424B)		<del></del>	
۵	ROSS Fact Sheet			
Q	ROSS Program Summary		,	
۵	Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements Certification			
TΔ	TAB 1: Threshold Requirements			

□ Threshold Checklist

# ROSS FY 2002 FUNDING NEIGHBORHOOD NETWORKS

#### **APPLICATION CHECKLIST (Continued)**

SU	BMISSION	APPLICANT	HUD USE
		USE ONLY	ONLY
0	Certification of Residents Affected by Welfare Reform		
	Accessible Community Facility –Description or Executed Use Agreement		
0	Match Agreements-Not less than 25% of grant requested	<del></del>	
0	Certification of Compliance with 24 CFR Part 85		<del></del>
a	Physical Improvements (Only for applicants proposing physical improvements)		
	B 2: Capacity of the Applicant and Relevant Organiza actor 1)	tional Experie	ence
	Chart A: Program Staffing		
	Narrative on proposed staffing and coordination among service providers		
	Chart B: Applicant/Administrator Track Record		
	Organization Chart		
	Staff Position Descriptions	Andrew State Control of the Control	<u></u>
ū	Staff Resumes or Background/ Experience Descriptions		
	Narrative on program administration and fiscal management structure		<del></del>

# ROSS FY 2002 FUNDING NEIGHBORHOOD NETWORKS

# **APPLICATION CHECKLIST (Continued)**

SUBMISSION		APPLICANT	HUD USE				
		USE ONLY	ONLY				
TΑ	TAB 3: Needs/Extent of Problem (Factor 2)						
	Needs Assessment Report						
	Narrative on level of priority in Consolidated Plan						
TA	B 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	***					
<b>Q</b>	Narrative on resident involvement and other partnerships						
	Narrative on relationship coordination						
T/	AB 5: Leveraging Resources (Factor 4)						
ū	Narrative on the contributions, roles, and responsibilities of each partner						
T.	AB 6: Coordination, Self-Sufficiency, and Sustainability	y (Factor 5)					
۵	Narrative demonstrating review of Consolidated Plan						
	Narrative on coordination w/ State/local welfare plan						
۵	Narrative on coordination with other activities						
۵	Certification of Consistency w/ the Consolidated Plan						
T	TAB 7: Bonus Points						
Q	EZ/EC Certification		-				

# ROSS FY 2002 FUNDING NEIGHBORHOOD NETWORKS

#### **APPLICATION CHECKLIST (Continued)**

SU	BMISSION	APPLICANT	HUD USE
		USE ONLY	ONLY
	AB 8: Other Certifications and Assurances ee 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)		
0	Applicant/Recipient Disclosure/Update Report (Form HUD-2880)	·	
	Certification Regarding Debarment and Suspension (Form HUD–2992)		
ū	Acknowledgment of Application Receipt (Form HUD-2993)		

# ROSS FY 2002 FUNDING NEIGHBORHOOD NETWORKS

# THRESHOLD CHECKLIST

Α	ppilcant:	Date:	
ac kit int	ou must address the following threshold requirements for ceptable for rating and ranking. You can verify that infect by using a check mark in the space provided. Plea formation is included appropriately. (See NOFA, uperNOFA Section II).	ormation is included se note that HU	ded in your application JD will also verify that
Tŀ	HRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1.	Certification on Residents Affected by Welfare Reform	·	
2.	Accessible Community Facility Description or Executed Use Agreement		<u> </u>
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 Reference program if it serves the elderly or persons with a certification (using the certification provided below in your proposed program are affected by welfarence program are affec	disabilities. Your NN application must contain a bw) that at least 51% of residents to be included
	RESIDENTS AFFECTED RE REFORM
I certify that a total of people reside in are targeted for activities during the proposed N	
This proposed NN grant will serve a total ofserved are residents affected by welfare reform	
(1) Currently eligible to receive, are currently recorded by a years assistance or services funded Families (TANF), SSI, or Food Stamps.	
(2) Elderly or disabled persons, otherwise not at services such as child care or mentoring to family	
I certify that% of residents to be serve above. At least 51% of residents must be aff to meet the threshold requirement of this NC	ected by welfare reform for your application
Signed this day of	, 2002.
By: Applicant Executive Director or other Au	thorized Representative
For:	•
Applicant Namo	· · · · · · · · · · · · · · · · · · ·

#### **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:

- 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 nondiscrimination 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. <u>Economic Opportunities for Low and Very Low-Income Persons.</u> 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. <u>Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.</u> Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
- 6. <u>Uniform Relocation.</u> 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. <u>Cost Principles.</u> 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.

Sig	ned this day of, 2002.
Ву	
•	Applicant Chief Executive Officer or Other Authorized Representative
Fo	rc

ξ	7
S	9
0	2
à	2-2
Š	200
9	֚֓֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜
	7

Chart A: NN PROGRAM STAF	RAM STAFFING	Applicant Name:
I. APPLICANT STAFF		
Name of Staff Person	Organization and Position	Percent of   Role in Grant Program   Time on Grant   Cost to Grant
Budget line item 2005 Program Coordination		
II.CONTRACTOR/CONSULTANT ROLE	SULTANT ROLE	
Type of Contractor to be Solicited	olicited Role in Grant Program	m Estimated Cost to Grant Program
III.Contract Administrator	tor	
Budget Line Item 9300 Contract Administrator		

HUD-2002-ROSS (02/02)

Chart B: NN Applicant/Administrator Track Record Applicant:

% Complete						
Major Goal #2						
% Complete	(8)					
Major Gool#I	Constitution of the Consti					
% of Funds Draw						
% of Term Complete						
Project No.			·	1		
	18 s econo					
Program						

9400

OMB Approval No. 2577-0221

## **ROSS FY 2002 FUNDING NEIGHBORHOOD NETWORKS**

#### **Chart C** NN SUMMARY BUDGET LINE ITEMS

Applicant Name:		Date:
amounts will be p	cific budget amounts for each line item. programmed into HUD's Line of Credit cking uses of grant drawdowns.	
BUDGET LI	NE ITEM	AMOUNT
2005	Program Coordinator	
2010	Physical Improvements	
<b>3000</b> 3010 3011 3012	Computer Equipment and Software Computer Hardware Computer Software Other Equipment	
3020	Training	
<b>3030</b> 3031 3032	Insurance and Security Insurance Security	
3040	Maintenance	<del></del>
3050	NN Business Plan	
9100 9200 9300	Travel Costs Other Resident Costs (Stipends, Reimbursements) Contract Administrator	

**Administrative and Other Costs** 

CHART D: NN Budget Work Pla	rk 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)	NN GRANT FUNDS	NON-NN/ PARTNER FUNDS	ACTIVITY START/END DATE
2010 Physical Improvements TOTAL: \$				
3000 Computer Equip & Sftwre TOTAL: \$				
3010 Computer Hardware				
3011				
Computer Software				
3012				
Other Equipment				
3020 Training TOTAL: \$				
3030 Insurance and Security TOTAL: \$				
3031				
List alice				
3032 Security				
3040 Maintenance TOTAL: \$				
3050 NN Business Plan TOTAL: \$				

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
2005 Program Coordinator TOTAL: \$				
9100 Travel Costs TOTAL: \$				
(Stipends, Reimbursements)				
9300 Contract Administrator TOTAL: \$				
9400 Admin. & Other Costs 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	\$
TOTAL of all NN Funds Requested	\$

# CERTIFICATION OF CONSISTENCY WITH THE CONSOLIDATED PLAN

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

I certify that the proposed activities current, approved Consolidated Pla	es/projects in the application are consistent with the jurisdiction's an.
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:	
Dota	

# Certification of Consistency with the EZ/EC Strategic Plan

Signature \_

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

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

# RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

# APPLICATION FOR FY 2002 FUNDING COVER SHEET

Funding Ca	tegory (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)
	(Applicant Name)
Contact Person:	
Telephone:	( )
Delivered To	o: (HUD Field Office)
	(HOD Fleid Office)
Date:	

PLEASE USE THIS PAGE AS COVER PAGE

# **ROSS FY 2002 FUNDING**

#### **FACT SHEET**

Applicant Information
Applicant:
Applicant Type:PHARAIRONONPROFITTRIBE/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)

applicants)	Title	Annaintmart	Tamas	Data
Name of Board Member	Title	Appointment	Term	Date
Date of Last Board Election	<b>n</b> ;			
Does the organization have	e block capta	ins?	Yes	No
Does the organization have	e an operatin	g committee?	Yes	No
For any previous ROSS g Category (RSDM, RMBD,			st note the	Fiscal Year, R
category (RSDIM, RIMIDD,	etc.j, and A	ward Amount.		
	www.		**************************************	
1				

#### **ROSS FY 2002 FUNDING**

# FACT SHEET (continued)

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

Name of Public Housing Development	PIH Project#
	·
Signed this day of	, 2002.
Rv⁻	
By:	Representative
For: Applicant Name	

### **ROSS FY 2002 FUNDING**

### **PROGRAM SUMMARY**

Applicant:	Date:
Applicant type:PHARAIRO	NONPROFITTRIBE/TDHE
Funding Category:	managanan managan mahay ma
This narrative will be used for congressional no summary.	otification and will serve as the official progran
A. Please provide a brief summary of the progress) including a brief description of key program	

### **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 additional space is needed.)		nat below. (You may copy this page if
	In-Kind/Cash Contribution	
Partner's Address		
	In-Kind/Cash Contribution	
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	1997	

### **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:

- 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 nondiscrimination 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.
- 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).
- 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.
- 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.
- 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.	
Ву:	W. C.	
Аррисапт С	thief Executive Officer or Other Authorized Represental	ive
For:		

### ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

### **APPLICATION CHECKLIST**

<b>U</b> .;	gned this day of	_, 2002.	
Ву	•		
	Applicant Chief Executive Officer or Other	· Authorized Representativ	re
	r Applicant:		
sι	IBMISSION	APPLICANT	HUD US
		USE ONLY	ONLY
C	OVER MATERIALS (See Part II of this applica	tion kit for forms in this ta	b.)
٥	Application Checklist	TOTAL STATE OF THE	<del></del>
۵	Application Cover Sheet	erganingsplan - respondents	<del></del>
	Application for Federal Assistance (Standard Form SF-424)		<del>****</del>
	Federal Assistance Funding Matrix (Form HUD-424M)		
a	Standard Form for Budget Information— Non-Construction Programs (SF-424A)		
	Assurances – Non-Construction Programs (Form SF-424B)		<del></del>
a	ROSS Fact Sheet	AND THE PROPERTY OF THE PROPER	<del></del>
۵	ROSS Program Summary		
0	Certification of Consistency and Compliance with General SuperNOFA Threshold Requirement Certification	n	

### ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

### **APPLICATION CHECKLIST (Continued)**

S	UBMISSION	APPLICANT	HUD USE
		USE ONLY	ONLY
	Certification of Residents Affected by Welfare		
C	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.		_
. [	Accessible Community Facility –Description or Executed Use Agreement	***************************************	
	Physical Improvements		war-
	Match Agreements-Not less than 25% of grant requested	And a second sec	-
7	AB 2: Capacity of the Applicant and Relevant Organiza (Factor 1)	tional Experie	ence
	Narrative description of experience of Project Director and Standard Allocation of staff years for activities and personnel of the product Chart A - Program staffing	aff posed HSS activ	vities
Į	Program Administration And Fiscal Management		
	Description of proposed HSS Project Management Structure Description of proposed HSS Fiscal Management Structure		
,	Applicant/Administrator Track Record	•	
į	Narrative description of previous experience in implementing Homeownership Programs	Self-Sufficiency	and
	Chart B - Applicant track record		

### ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

### **APPLICATION CHECKLIST (Continued)**

SU	BMISSION	APPLICANT	HUD US
		USE ONLY	ONLY
TA	AB 3: Needs/Extent of Problem (Factor 2)		
0	Needs Assessment Report		
0	Narrative on level of priority in Consolidated Plan		<del></del> .
TA	AB 4: Soundness of Approach (Factor 3)		
	Narrative describing proposed homeownership counseling and supportive services	- American de la companya del companya del companya de la companya	<del></del>
	Narrative on budget and implementation timetable		
	Chart C: Summary Budget Line Items		<del></del>
۵	Chart D: Budget Work Plan Summary, Parts I and II		
۵	Narrative on program assessment		
۵	Narrative on resident involvement and other partnerships		antipolisie ,
0	Narrative on coordination and collaboration		
T	AB 5: Leveraging Resources (Factor 4)		
a	Narrative on the contributions, roles, and responsibilities of each partner	<del> </del>	
T	AB 6: Coordination, Self Sufficiency, and Sustainabilit	y (Factor 5)	
0	Narrative demonstrating review of Cons. Plan  Narrative on coordination w/ State/local welfare plan	And the same of th	

### ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

### **APPLICATION CHECKLIST (Continued)**

SL	IBMISSION	APPLICANT	HUD USE
		USE ONLY	ONLY
	Narrative on coordination with other activities  Certification of Consistency w/ the Consolidated Plan		
	AB 7: Bonus Points		
	EZ/EC Certification		
	AB 8: Other Certifications and Assurances ee Section VII of this Application Kit for all forms in this tab.)		
a	Certification for a Drug-Free Workplace (Form HUD–50070)		·····
۵	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)	Marinian en	·
۵	Applicant/Recipient Disclosure/Update Report (Form HUD-2880)		
О	Certification Regarding Debarment and Suspension (Form HUD–2992)		_
a	Acknowledgement of Application Receipt (Form HUD-2993)	Manager State of the State of t	

# ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

### THRESHOLD CHECKLIST

Αţ	oplicant:	Date:	OTO) - MEN'NY MARKE
co inc no	nu must address the following threshold requirement implete and acceptable for rating and ranking. You cluded in your application kit by using a check mark in the that HUD will also verify that information is included action VI (A) & (D) and General SuperNOFA Section II).	can verify that the space pro	i information is ovided. Please
Tŀ	RESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1.	Certification of Residents Affected by Welfare Reform (Family applicants only)		Married
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	Water-pro-address Address	Management of the control of the con
5.	Match Agreements		Name of the Park o

### ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

Applicant:	Date:
THRESHOLD REQUIREMENTS	
your program if it serves the elderly or per application must contain a certification (us	re Reform. This requirement is not applicable to rsons with disabilities. Your Family HSS sing the certification provided below) that at our proposed program are affected by welfare
HSS CERTIFICATION O	ON RESIDENTS AFFECTED
	ARE REFORM
I certify that a total of people res which are targeted for activities during the	ide in the housing developments listed below, e proposed HSS grant.
This proposed HSS grant will serve a tota recipients to be served are residents affect	l of residents. Included in the
	·
(1) Currently eligible to receive, are currer preceding 4 years assistance or services Families (TANF), SSI, or Food Stamps.	ntly receiving, or shall have received within the funded under Temporary Assistance for Needy
(2) Elderly or disabled persons, otherwise provide services such as child care or me	not affected by welfare reform, who will ntoring to families affected by welfare reform.
	e served are affected by welfare reform, as s must be affected by welfare reform for requirement of this NOFA.
Signed this day of	, 2002.
By:	
Applicant Executive Director or oth	ner Authorized Representative
For:	
Applicant Name	

### ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

evidence/cert served by the between FY income is wit	sidents eligible for tification that the e proposed grant v 1999 and FY 2000 hin the range of the al number of reside & Local Self Sut hip activities.	targeted popu were beneficia ; eligible popu e income minir ents (previous	ulation of publicies of a previous lation group, 3 num.	ic housing re ously awarded 5% earned ind ROSS for 19	sidents to be d ROSS grant come and that 99 or 2000, or
Proposed Targeted Residents	Minimum Local Income Level for Homeownership	Base Year	Base Year Income	Current Income	Percentage over Base Year
have an earn	ne proposed reside ed income increas omeownership in m	e of at least 3	ed are within th 35% and are w	ne eligible pop ithin the minir	ulation group; num range of
	day of				
By:Applicant For:	Chief Executive Of	ficer or Other	Authorized Rep	presentative	·
Applic	ant				

Chart A: HSS PROGRAM STAFFING	SRAM STAFFING	Applicant Name:	OMB Approval No. 2577-0221
I. Applicant Staff			
		Canada San	
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	SULTANT ROLE		
Type of Contractor to be Solicited	olicited   Role in Grant Program		Estimated Cost to Grant Program
III.Contract Administrator	<b>for</b>		
Contract Administrator			

Chart A: HSS PROG	SRAM STAFFING	Applicant Name:	OMB Approval No. 2577-0221
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	SULTANT ROLE		
Type of Contractor to be Solicited	olicited Role in Grant Program	ım Estimated Cost to Grant Program	o Grant Program
III.Contract Administrato	tor		
Budget Line Item 9300 Contract Administrator			

Administrator Track Docean

r Track Record	
Chart B: HSS Applicant/Administrator Track Record	
Chart B: HSS Ap	Applicant:

% Complete							
Major Goal#2				·			
% Complete	# ·						
Major Goal #1		-					
	Draw Down						
% of 9	Complete D						
Project No.							
Program							

Date:

# ROSS FY 2002 FUNDING HOMEOWNERSHIP SUPPORTIVE SERVICES

# Chart C HSS SUMMARY BUDGET LINE ITEMS

will b	e programm	cific budget amounts for each line item. These bed into HUD's Line of Credit Control System (ant drawdowns.	udget line items and amounts LOCCS) for designating and
	BUDGET L	INE ITEM	AMOUNT
	2005	Program Coordinator	***************************************
	2060 2061 2062 2063 2064 2065 2066 2067	Self Sufficiency Program Program Coordinator Physical Improvements Employment and Job Readiness Job Training Management Related Employment Training Vocational Training Technical Assistance	
	2070	Family Supportive Services	
	2080	Homeownership Counseling Programs	water the transfer of the tran
	9100 9200	Travel Costs Other Resident Costs (Stipends, Reimbursements)	-
	9300	Contract Administrator	

**Administrative and Other Costs** 

Applicant Name:

9400

OMB Approval No. 2577-0221

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

M , enter	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	HSS GRANT ET INDS	NON-HSS/ PARTNER ET NIDS	NON-HSS/ ACTIVITY PARTNER START/EN FINDS
2005 Program Coordinator				
TOTAL: \$		AND ALCOHOLOGY AND THE COLUMN AND TH		a the second of
2060 Self Sufficiency Program TOTAL: \$		The state of the s		
2061				A CONTRACTOR OF THE CONTRACTOR
Frogram Coordinator			A CONTRACTOR OF THE PROPERTY O	and the second s
2062				
Physical Improvements		The state of the s		
2063				
Employment and Job				THE RESERVE OF THE PROPERTY OF
Readiness		The second secon		
2064 Job Training				
2065				
Management Related				
Employment Training		AND THE PROPERTY OF THE PROPER		
2066				
Vocational Training				

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

out to banger to	remember of the command of the community			
BUDGET LINE ITEM	ACTIVITIES	1)	/SSH-NON	ACTIVITY
For each bolded line item,	(Identify lead agency: housing authority, contractor, subgrantee, etc)	GRANT	PARTNER START/EN	START/EN
Olica Wiai grain muus		<b>3</b> 1	LOINDS	ח הואם ת
2067				
Technical Assistance				-
				TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
2070 Family Supportive Svs TOTAL: \$				
2080 Homeownership				
Supportive Svs				
2081 Counseling Services				
2005 Program Coordinator TOTAL: \$				
2870 Elderly Supportive Svs TOTAL: \$				·
9100 Travel Costs				
IOIAL: \$				
9200 Other Resident Costs				-
(Stipends, Reimbursements)				
+			_	

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

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

CHARLE. INSC Budget	CHARLE D. HOS Budget Work Flan Summary Fart (Commined)			
BUDGET LINE ITEM	ACTIVITIES	HSS	NON-HSS/   ACTIVITY	ACTIVITY
For each bolded line item,	(Identify lead agency: housing authority, contractor, subgrantee, etc)	GRANT	PARTNER	PARTNER START/END
enter total grant funds		FUNDS	FUNDS	DATE
9300 Contract Administrator				
TOTAL: \$				
9400 Admin. & Other Costs				
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.

	Ċ	
SUMMARY BUDGET LINE ITEMS	HSS GRANT TOTAL	
2005 Program Coordinator	89	·
2060 Self Sufficiency Programs	€9	
2070 Family Supportive Services	&	
2080 Homeownership Supportive Services	8	
9100 Travel Costs	8	
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	€	
1060 Supportive Services	↔	
9100 Travel Costs	₩.	
9300 Contract Administrator	\$	
9400 Administrative and Other Costs	\$	
TOTAL of all HSS Funds Requested	8	
	The same of the sa	,

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

# Certification of Consistency with the Consolidated Plan

(Type or clearly print the following information:)

U.S. Department of Housing and Urban Development

Applicant Name:		
Project Name:		
Location of the Project:		•
Name of the Federal		
Program to which the		. *
,		4
Name of Certifying Jurisdiction:	***************************************	·
Certifying Official of the Jurisdiction Name:		
Title:		
Signature:		
Date:		
		-

Page 1 of 1

form HUD-2991 (3/98)

# 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 fol	lowing information)	÷
Program to which the 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)	Applicant Name		
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)	Program to which the		
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)	Name of RC/EZ/EC		
Official Authorized to Certify the RC/EZ/EC  Title  Signature  Date (mm/dd/yyyy)	Community and will serve to	oposed activities/projects will be located within the RC/EZ/EC/Urban Enha he RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community resid	nced EC or Strategic Planning ents, or Renewal Community.
Signature  Date (mm/dd/yyyy)	Official Authorized		
Signature  Date (mm/dd/yyyy)	•		
Date (mm/dd/yyyy)	Title		
	Signature		
Page 1 of 1	Date (mm/dd/yyyy)		
Page 1 of 1			
Page 1 of 1			
Page 1 of 1			
		Page 1 of 1	form HJ:n 2000 (2/2/02)