

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**ASSISTED LIVING CONVERSION
PROGRAM (ALCP) FOR ELIGIBLE
MULTIFAMILY HOUSING PROJECTS**

Billing Code 4210-32-C

Funding Availability for the Assisted Living Conversion Program (ALCP) for Eligible Multifamily Housing Projects

Program Overview

Purpose of the Program. The purpose of this program is to provide grants for the conversion of some or all of the dwelling units in an eligible project into assisted living facilities (ALFs) for frail elderly persons.

Available Funds. Approximately \$64 million are available for the conversion of eligible multifamily projects to ALFs (\$25 million under the Fiscal Year 2003 Consolidated Appropriations Resolution and \$39 million in carryover funds).

Eligible Applicants. Only private nonprofit project owners of eligible developments (as described in Section III of this NOFA) may apply for and become the recipient of a grant.

Application Due Dates. July 10, 2003.

Match. None required.

Additional Information

I. Application Due Date, Application, and Technical Assistance

Application Due Date. Your completed application (one original and four copies) is due on July 3, 2003, at the address shown below.

Application Submission Procedures. New Mailing and Receipt Procedures. HUD has implemented new procedures that impact application submission procedures:

(1) You may not hand deliver your application. HUD will reject any hand delivered application.

(2) You must submit your application to the Multifamily Hub Office that has jurisdiction for the housing development included in your application.

(3) You may submit your application via any mail delivery service; however, HUD recommends that ALCP applications be sent via the United States Postal Service (USPS) as access by other delivery services is not guaranteed.

(4) If you mail your application to the wrong HUD Office and it is not received by the Office designated for receipt by the due date and time, it will be deemed late and will not be considered for funding. HUD is not responsible for directing it to the appropriate office.

See the General Section of the SuperNOFA for specific procedures governing the mailing of applications.

Addresses for Submitting Applications. The official place for receipt of your application is ONLY in the appropriate HUD Multifamily Hub Office. Submit an original and four copies of the ALCP application to the Director of the appropriate HUD

Multifamily Hub Office, as listed in Appendix A of this NOFA, with jurisdiction over your development. (To facilitate applicants knowing the correct location to send the application, Appendix B to this NOFA lists the 18 Multifamily Hubs with the Program Centers under each Hub.) Your application will be considered timely filed if your application is received by the designated HUD Office no later than 3:30 pm on the application due date.

For Further Information and Technical Assistance. You should contact the Multifamily Hub where you will be mailing your ALCP Application. (Please refer to Hub telephone numbers in Appendix A.)

You also may contact Faye Norman, Housing Project Manager at (202) 708-3000 x2482 or Aretha Williams, Director, Grant Policy and Management Division, Room 6138 at (202) 708-3000 x2480 for questions regarding the ALF grant award process. This is not a toll free number. Ms. Norman can be reached by e-mail at faye_l_norman@hud.gov and Ms. Williams at aretha_m_williams@hud.gov. Both Ms. Norman and Ms. Williams are located at the Department of Housing and Urban Development, 451 Seventh Street, SW., Washington, DC 20410.

If you have a hearing or speech impairment, you may access the telephone number via TTY by calling the Federal Information Relay Service at 1-800-877-8339.

Application. All information for the submission of your application is included in this NOFA and the General Section of the SuperNOFA. However, for your convenience and ease of submission, an application is being provided as Appendix C of this NOFA. You may also obtain an ALCP application by calling the SuperNOFA Information Center at (voice) 1-800-HUD-8929 (1-800-483-8929). Persons with hearing or speech impairment may call the Center's TTY number at 1-800-HUD-2209. Please be sure to provide your name, address (including zip code), and telephone number (including area code). The application is also available on the Internet through the HUD Web site at <http://www.hud.gov/grants>.

Note: There is a separate application for service coordinator funds (which is necessary for those needing to enhance or add service coordination per Section IV (D)(13) of this NOFA).

II. Amount Allocated

This NOFA makes available approximately \$64 million

(approximately \$54 million for the physical conversion of eligible multifamily assisted housing projects or portions of projects to ALFs and approximately \$10 million for the conversion of up to 2 unused or underutilized commercial properties to ALFs). The Fiscal Year (FY) 2003 funding of \$25 million is in the Consolidated Appropriations Resolution, 2003, Pub. L. 108-7, approved February 20, 2003. The \$64 million includes \$39 million in carryover funds. The allocation formula used for the ALCP to fair share the \$64,000,000 reflects demographic characteristics of age and incidence of frailty that would be expected for program participants. The FY 2003 formula consists of one data element from the 2000 decennial census: The number of non-institutional elderly population aged 75 years or older with a disability.

A fair share factor for each state was developed by taking the sum of the persons aged 75 or older with a disability within each state as a percentage of the sum of the same number of persons for the total United States. The resulting percentage for each state was then adjusted to reflect the relative difference in the cost of providing housing among the states. The total of the grant funds available (\$54 million) was multiplied by the adjusted fair share percentage for each state, and the resulting funds for each state were totaled for each Hub.

The ALCP grant funds fair share allocations, based on the formula above, to the 18 multifamily Hubs are as shown on the following chart:

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE ASSISTED MULTIFAMILY PROJECTS

| HUB | Grant authority |
|---------------------|-----------------|
| Boston | 3,268,998 |
| Buffalo | 1,296,581 |
| New York | 4,366,033 |
| Philadelphia | 5,422,739 |
| Baltimore | 2,502,497 |
| Greensboro | 3,140,895 |
| Atlanta | 5,052,490 |
| Jacksonville | 4,921,568 |
| Chicago | 4,157,759 |
| Columbus | 2,129,329 |
| Detroit | 2,035,287 |
| Minneapolis | 1,864,837 |
| Fort Worth | 5,922,712 |
| Kansas City | 2,998,763 |
| Denver | 1,533,734 |
| Los Angeles | 5,524,003 |
| San Francisco | 5,437,398 |
| Seattle | 2,424,377 |

FISCAL YEAR ALLOCATION 2003 FOR THE ASSISTED LIVING CONVERSION PROGRAM (ALCP) OF ELIGIBLE ASSISTED MULTIFAMILY PROJECTS—Continued

| HUB | Grant authority |
|-------------|-----------------|
| Total | 64,000,000 |

III. Program Description: Eligible and Ineligible Applicants, Developments, and Activities

(A) *Program Description.* Assisted living facilities (ALFs) are designed to accommodate frail elderly persons and people with disabilities who need certain support services (e.g., assistance with eating, bathing, grooming, dressing and home management activities). ALFs must provide support services such as personal care, transportation, meals, housekeeping, and laundry. Frail elderly person means an individual 62 years of age or older who is unable to perform at least three activities of daily living (ADLs) as defined by the regulations for HUD's Section 202 Program (Supportive Housing for the Elderly) at 24 CFR 891.205. Assisted living is defined in section 232(b)(6) of the National Housing Act (12 U.S.C. 1715w).

The ALCP provides funding for the physical costs of converting some or all of the units of an eligible multifamily development into an ALF, including unit configuration, common and services space and any necessary remodeling, consistent with HUD or the State's statute/regulations (whichever is more stringent). Typical funding will cover basic physical conversion of existing project units, as well as common and services space. There must be sufficient community space to accommodate a central kitchen or dining facility, lounges, recreation and other multiple-areas available to all residents of the project, or office/staff spaces in the ALF. When food is prepared at an off-site location, the preparation area of the facility must be of sufficient size to allow for the installation of a full kitchen, if necessary. You must provide supportive services for the residents either directly or through a third party. Your application must include a firm commitment for the supportive services to be offered within the ALF as part of the application. You may charge assisted living residents for meals and/or service fees. Residents may contract with third party agencies directly for nursing, therapy or other services not offered by the ALF.

(B) *Eligible Applicants.* Only private nonprofit owners of eligible multifamily assisted housing developments specified in section 683(2) (B), (C), (D), (E), and (F) of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992) and private nonprofit owners of an unused or underutilized commercial property are eligible for funding. To be eligible, project owners must meet the following criteria where applicable:

(1) Must be in compliance with your Loan Agreement, Capital Advance Agreement, Regulatory Agreement, Housing Assistance Payment contract, Project Rental Assistance Contract, Rent Supplement or LMSA contract, or any other HUD grant or contract document.

(2) Must be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a). See Section V(B) (2) of the General Section of the SuperNOFA for further explanation.

Note: If your eligibility status changes during the course of the grant term, making it ineligible to receive the grant (e.g., prepayment of mortgage, sale/TPA of property, or opting out of a Section 8 Housing Assistance Payment (HAP) contract), HUD retains the right to terminate the grant and recover funds made available through this NOFA.

(C) *Ineligible Applicants.*

(1) Owners of developments designed specifically for people with disabilities.

(2) Owners of Section 232 developments.

(3) Property management companies and agents of property management companies.

(4) Limited dividend partnerships.

(5) Nonprofit Public Agencies.

(6) Owners of unused/underutilized hospitals or other health-related facility which are considered to be eleemosynary institutions rather than commercial enterprises.

(D) *Eligible Developments.*

(1) Eligible projects must be owned by a private, nonprofit entity and designated primarily for occupancy by elderly persons. Projects must have been in occupancy for at least 5 years from the date the HUD Form 92485, Permission to Occupy Project Mortgage, was approved by HUD's Construction Manager as Chief Architect, and have completed final closing. Additionally, eligible projects must meet one of the following criteria:

- Section 202 direct loan projects with or without Section 8 rental assistance,

- Section 202 capital advance projects receiving rental assistance under 202(C)(2),

- Section 515 rural housing receiving Section 8 rental assistance,
- Other projects receiving Section 8 project-based rental assistance,
- Projects subsidized with Section 221(d)(3) below-market interest mortgage,

- Projects assisted under Section 236 of the National Housing Act.

Your project must:

(a) Meet HUD's Uniform Physical Conditions Standards at 24 CFR part 5, subpart G. Meeting these standards as described, means that the project, based on the most recent Real Estate Assessment Center (REAC) physical inspection report and responses thereto, must have a "satisfactory" rating as evidenced by a score of 60 or better or a HUD-approved and on schedule repair plan for developments scoring less than 60. Additionally, the project must have no uncorrected and outstanding Exigent Health and Safety violations. Finally, the project must not have on file a management review with a rating of "minimally satisfactory" or "unsatisfactory" with open and unresolved findings.

(b) Have a residual receipts account separate from the Reserve for Replacement account, or agree to establish this account as a condition for getting the award(s).

(2) Unused and underutilized commercial properties.

(E) *Eligible Conversion Activities.*

Eligible activities are:

(1) Retrofitting to meet Section 504 accessibility requirements, minimum property standards for accessibility and/or building codes and health and safety standards for ALFs in that jurisdiction. Examples are items such as addition of:

(a) Sprinkler systems;

(b) An elevator or upgrades thereto;

(c) Lighting upgrades;

(d) Major physical or mechanical systems of projects necessary to meet local code or assisted living requirements;

(e) Upgrading to accessible units for the ALF with moveable cabinetry, accessible appliances, sinks, bathroom and kitchen fixtures, closets, hardware and grab bars, widening of doors, etc.;

(f) Upgrades to safety and emergency alert systems;

(g) Addition of hallway railings; and,

(h) Medication storage and work stations;

(2) Retrofitting to add, modify and/or outfit common space, office or related space for ALF staff including a service coordinator and file security, and/or a central kitchen/dining facility to support the ALF function (e.g., outfit lounge/common space/dining furniture, kitchen equipment for cooking/serving and dishware).

(3) Retrofitting to upgrade a regular unit to an accessible unit for a person/family with disabilities who is being displaced from an accessible unit in the portion of the project that is being converted to the ALF, where another accessible unit is not available.

(4) Temporary relocation (not applicable to commercial property).

(5) Consultant, architectural and legal fees.

(6) Vacancy payments not more than 30 days after conversion to an ALF.

(F) *Ineligible Activities*. You may not use funds available through this NOFA to:

(1) Add additional dwelling units to the existing project (not applicable to commercial property);

(2) Pay the costs of any of the necessary direct supportive services needed to operate the ALF;

(3) Purchase or lease additional land;

(4) Rehabilitate (see definition at 24 CFR 891.105) the project for needs unrelated directly to the conversion of units and common space for assisted living;

(5) Use the ALCP to reduce the number of accessible units in the project that are not part of the ALF (not applicable to commercial property);

(6) Permanently relocate any resident out of the project; and,

(7) Increase the management fee.

IV. Program Requirements

In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, each applicant must comply with the following requirements:

(A) *Statutory, Regulatory, and Other Program Requirements*. You must comply with all applicable statutory requirements to the projects specified in Section 202(b) and statutory requirements under Section 232(b)(6). Please note that all ALCP projects must conform to the 500-year flood plain limitation (See Section VII of this NOFA.) Construction of ALCP units is considered a "critical action" for purposes of the flood plain requirement.

Excess Residual Receipts (over \$500/unit) and Reserve for Replacement (R4R) funds (over \$1000/unit) in Project Accounts that are not approved for another use at the time of application to HUD under this NOFA are considered available funds and must be applied towards the cost of conversion activities. Before making this determination, however, HUD staff will consider the extent of repair/replacement needs indicated in the most recent REAC physical inspection and not yet approved and any ongoing

commitments such as non-grant-based service coordinator or other funding, where existing, deduct the estimated costs of such items from the R4R and residual receipts balances to determine the extent of available residual receipts and R4R funds for the ALCP. (This paragraph is not applicable to commercial properties.)

If funded, you must also file a HUD Form-2530 for all construction contractors, architects, consultants, and service provider organizations under direct contract with you that will be engaged under this NOFA and comply with all State and local licensing, zoning and building code requirements.

(B) *Meals and Supportive Services*. You must develop and submit a Supportive Services Plan (SSP) for the services and coordination of the supportive services which will be offered in the ALF to the appropriate state or local organization(s) which are expected to fund those supportive services. (See Section VI(B)(8) of this NOFA below, for the information which must be in the SSP.) You must submit one copy of your SSP to each appropriate State or local service funding organizations well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and an indication of the funding commitment, which you will then include with the application you submit to HUD.

You must ALSO submit the SSP to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services identified in your SSP, are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

Finally, you must also submit an agreement to pursue appropriate ALF licensing in a timely manner.

(C) *Minimum Size Limits for an ALF*. An ALF must be economically feasible. Consistent with HUD Handbook 4600.1, CHG-1, the minimum size for an ALF is five units.

(D) *Program Requirements*. The following program requirements apply: (**Note:** Program Requirements described in paragraphs 3, (8)(a) and (b), and (12) below are not applicable to applicants requesting funding to convert commercial facilities):

(1) Your ALF facility must be licensed and regulated by the state (or if there is no state law providing such licensing

and regulation, by the municipality or other subdivision in which the facility is located). Each assisted living unit must include its own kitchen, bathroom, bedroom, living/dining area (1 bedroom unit) or kitchen, bathroom, bedroom/living/dining area (efficiency unit) and must meet the state and/or local licensing, building, zoning and other requirements for an ALF.

(2) Your ALF must be available to qualified elderly persons and persons with disabilities, consistent with the rules and payment plans of the State, who need and want the supportive services in order to remain independent and avoid premature institutionalization.

(3) Your ALF's residents must be tenants or residents of the multifamily project and must comply with the requirements applicable to the project. Thus, you cannot charge additional rent over what is charged to residents in the non-ALF portion of the project. All admissions to the ALF must be through the applicable project admissions office. However, persons accepted into the ALF also must sign an ALF admissions agreement which shall be an addendum to the applicable project lease.

(4) At a minimum, your ALF must provide room, board (as defined in Section IV(B)(6)(below) and continuous protective oversight (CPO). CPO involves a range of activities and services that may include such things as awareness by management and staff of the occupant's condition and location as well as an ability to intervene in a crisis for dependent and relatively independent occupants on a 24-hour basis. The two occupant groups in an ALF are:

(a) *Independent Occupants:* Awareness by management and staff of the occupant's condition and whereabouts as well as the availability of assistance for the occupants as needed.

(b) *Dependent occupants:* Supervision of nutrition, assistance with medication and continuous responsibility for the occupants' welfare.

(5) Anyone moving into an ALF unit must agree to accept as a condition of occupancy the board and services required for the purpose of complying with state and local law and regulation. However, occupancy in an ALF unit may not be conditioned on receipt of other services or board not required by state or local requirements.

(6) Your ALF must offer three meals per day to each resident.

(a) Residents whose apartments have kitchens must take at least the number of meals a day provided by the facility, per their mandatory meals requirement,

or as required by state or local rules, if more stringent. If the facility does not have a mandatory meals plan, then state and local rules govern.

(b) Residents in projects which were originally constructed without kitchens in their units must take such meals as required by their mandatory meals agreement, or by the state's mandated requirements if more stringent (e.g., 2 meals, 2 snacks daily).

In either case, ALF management must coordinate meals requirements with the needs of residents who are out part of the day (e.g., in day care). The meals program may not be operated at a profit by the project owner.

(7) Your ALF's operation must be part of the project owner's management organization. Some or all of its functions may be contracted out. The ALF must predicate its budget on a two-tiered structure under which board and supportive service income and expenses must be maintained separately and independently from the regular income and expenses of the applicable project. The two components of ALF costs are:

(a) Charges/payment for board, which may be on a sliding scale or any other equitable fee system; and

(b) Charges/payment for necessary supportive services, which may include a combination of resident fees, Medicaid and/or other third party payments.

(8) Priority admissions for ALF units are as follows:

(a) Current residents desiring an ALF unit and meeting the program requirements (no resident can be required to accept an ALF unit).

(b) Qualified individuals or families needing ALF services who are already on the project's waiting list;

(c) Qualified individuals or families in the community needing ALF services wanting to be added to the project's waiting list; and

Note: Qualified disabled non-elderly persons needing assisted living services are eligible to occupy these units on the same basis as elderly persons, except for section 202 project rental assistance contracts (PRAC) projects and unused/underutilized commercial properties.

(9) The management of the project must set up a separate waiting list for ALF units. ALF units must be for eligible residents who meet the admissions/discharge requirements as established for assisted living by State and local licensing, or HUD frailty requirements under 24 CFR 891.205 if more stringent.

(10) Costs of meals and supportive services are not covered by this HUD grant. These items must be paid for through other sources (e.g., a mix of resident fees and/or third party

providers). Evidence of third party commitment(s) must be included as part of the application. (See Section VI B(6) of this NOFA.) The assisted living supportive services program must promote independence and provide personal care assistance based on individual needs in a home-like environment. In accordance with Section 504 of the Rehabilitation Act of 1973 and HUD's regulations at 24 CFR 8.4(d), the project must deliver services in the most integrated setting appropriate to the needs of qualified individuals with disabilities (see Section VI(B)(8)(b) through (c) of this NOFA).

(11) Upon receipt of a grant under this program, all project owners participating in the ALCP must provide a Declaration of Restrictive Covenants (DRC), which will be recorded with the land, to retain the low income character of the housing, and to maintain the project (including the ALF), as a moderate, low, or very low income facility (as appropriate) for at least 20 years beyond the current 40-to-50 year term of the mortgage loan or capital advance. Recipients of grant funds to convert unused or underutilized commercial property must provide a DRC for at least 20 years or for the term of the mortgage on the property whichever is longer.

(12) This program does not allow permanent displacement of any resident living in the project at the time the application was submitted to HUD. (HUD will only provide temporary relocation costs for current tenants if they must vacate their unit while conversion work is underway (normal temporary relocation costs include increases in rent, reconnection of telephones, moving costs and appropriate out-of-pocket expenses)).

(13) The ALCP requires service coordination responsible for linking the ALF to services in the community which are available to low-income persons. All projects funded under this NOFA must have sufficient service coordination in place, or request additional funds, if appropriate, to ensure that services meeting licensing requirements are available to ALF residents on an ongoing basis. Service coordination must be described in the application (see Section VI(B)(8)(b) through (c) of this NOFA). If you need to enhance an existing service coordination program or add one where it does not exist, you may apply for funding through the Service Coordinator NOFA, published elsewhere in this SuperNOFA, and attach a copy of the Form HUD 424 so indicating the request to the ALCP application. Alternatively,

you may show evidence that funding for the enhanced service coordination is provided by other sources and indicate such funding on the HUD Form 424 which is exhibit 10(a) of your ALF application. If you are funded under this NOFA and requested new or enhanced service coordination you will be funded first under the service coordinator NOFA.

Note: If you are a Section 202 PRAC project owner or an owner with unused or underutilized commercial properties, you are NOT eligible to request funding under the service coordinator NOFA. Section 202 PRAC owners can pay for the service coordinator out of PRAC funds.

In addition to above requirements, the following applicable guidelines are stated:

(a) The ALF must be staffed either directly or through coordination with local agencies, depending on state regulations or local requirements. These may also serve non-ALF residents of the project on a time available and appropriate fee basis.

(b) The ALF may cater to the special needs of residents depending on their condition or diagnosis, such as Alzheimer's disease. If it does so, the design/environment of such facilities must accommodate those needs, e.g., dementia special care unit. However, the ALF cannot provide a service it is not licensed by the State or locality to provide.

Note 1: Owners of section 202/PRAC projects are reminded that they may include a PRAC payment of up to \$15/unit/month not to exceed 15% of the total program cost, consistent with 24 CFR 891.225(b)(2) to cover part of the cost of meals and/or supportive services for frail elderly residents, including residents of the ALF.

Note 2: Training for ALF staff is an eligible project cost under existing operating procedures.

For further information on ALFs, please refer to Handbook 4600.1, CHG-1, "Mortgage Insurance for Residential Care Facilities," Chapter 13. This Handbook and recent ALF program Notices are accessible through HUDCLIPS on HUD's web site. The URL for the HUDCLIPS Database Selection Screen is <http://www.hudclips.org/subscriber/cgi/legis.cgi>. These notices are in the Handbooks and Notices—Housing Notices database. Enter only the number without the letter prefix (e.g., 99-16) in the "Document number" to retrieve the program notice.

For further guidance on service coordinators, please refer to Handbook 4381.5 REV-2, CHANGE-2, Chapter 8, "The Management Agent's Handbook,"

which is also available through the HUDCLIPS database.

(E) *Compliance with Other Program Requirements:* By the submission of the application for grant funds, the Owner is certifying to comply with the following program requirements:

(1) Establish a residual receipt account as soon as there is surplus cash available, if applicable.

(2) Apply for an ALF license with due diligence and in a timely fashion.

(3) Comply with the requirements of the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations at 24 CFR part 135, the affirmative fair housing marketing requirements of 24 CFR part 200, subpart M and the implementing regulations at 24 CFR part 108, which requires that the project be marketed to those least likely to apply including those who are not generally served by the agency administering the program, and other applicable Federal, State and local laws prohibiting discrimination and promoting equal opportunity including affirmatively furthering fair housing, and other certifications listed in the application.

(4) Comply with section 232 of the National Housing Act, as applicable, the Uniform Federal Accessibility Standards (24 CFR 40.7), section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990 for all portions of the development physically affected by this proposal;

(5) Comply with the Davis-Bacon requirements and the Contract Work Hours and Safety Standards Act as applied to this program. While it has been determined that Davis-Bacon does not apply statutorily to the ALCP, the Department has administratively determined that Davis-Bacon standards and overtime rates in accordance with the Contract Work Hours and Safety Standards Act will be adhered to in any ALCP conversion grant in which the total cost of the physical conversion to an ALF (and including any additional renovation work undertaken at the same time) is \$500,000 or more (this includes ALCP grant funds, owner funds, or any third party funds loaned or granted in support of the conversion or other renovation for the project associated with this grant), and in which the ALF portion of the project is 12 units or more.

V. Application Selection Process

(A) *Review for Curable Deficiencies.* You should ensure that your application is complete before submitting it to HUD.

HUD will screen all applications received by the deadline for curable deficiencies. With respect to correction of deficient applications, HUD may not, after the application due date and consistent with HUD's regulations in 24 CFR part 4, subpart B, consider any unsolicited information an applicant may want to provide. HUD may contact an applicant to clarify an item in the application or to correct technical deficiencies. Please note, however, that HUD may not seek clarification of items or responses that improve the substantive quality of a response to any selection factors. In order not to unreasonably exclude applications from being rated and ranked, HUD may contact applicants to ensure proper completion of the application and will do so on a uniform basis for all applicants. *Examples* of curable (correctable) technical deficiencies include failure to submit the proper certifications or failure to submit an application that contains an original signature by an authorized official. In each case, under this NOFA, the appropriate HUD Multifamily Hub Office will notify you in writing by describing the clarification or technical deficiency. You must submit clarifications or corrections of technical deficiencies in accordance with the information provided by the Hub Office within 14 calendar days of the date of receipt of the HUD notification. (If the due date falls on a Saturday, Sunday, or Federal holiday, your correction must be received by HUD on the next day that is not a Saturday, Sunday, or Federal holiday.) If the deficiency is not corrected within this time period, HUD will reject the application as incomplete, and it will not be considered for funding. The following is a list of the deficiencies that will be considered curable in ALCP applications:

Exhibits

- (1) *(a) Articles of Incorporation, or certification of Articles of Incorporation.
- * (b) By-laws, or certification of by-laws.
- (3) Evidence of occupancy for at least five years (not applicable to commercial facilities).
- (5) (c) Original project plans.
- (h) Relocation (not applicable to commercial property).
- (7) Evidence of Permissive Zoning.
- (10) *Certifications and Forms*
 - (a) HUD Form 424, Application for Federal Assistance, including Federal

Assistance Funding Matrix, and Compliance with Executive Order 12372.

(b) HUD Form 424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and Certification Regarding Debarment and Suspension.

(c) Form HUD 2880, Applicant/Recipient Disclosure/Update Report including Social Security and Employment Identification numbers.

(d) Form HUD-2991, Certification of Consistency with the Consolidated Plan (Plan), for the Jurisdiction in which the Proposed ALF will be located.

The appropriate Hub Office will notify you in writing if your application is missing any of the exhibits listed above and you will be given 14 days from the date of receipt of the HUD notification to submit the information required to cure the noted deficiencies. The exhibits identified by an asterisk (*) must be dated on or before the application deadline date. If not so dated the application will be rejected.

After the completeness review, HUD staff will review your application to determine whether the application meets the threshold requirements listed below. Only if your application meets all the threshold requirements is it eligible to be rated and ranked. Applications that do not pass threshold will be rejected.

(B) *Threshold Review.* In order to pass threshold, you must:

(1) Be in compliance with all fair housing and civil rights laws, statutes, regulations, and executive orders as enumerated in 24 CFR 5.105(a), and as noted earlier in this NOFA under Sections III(B)(2) and IV(E).

(2) Be an eligible applicant.

(3) Not request more funds than advertised.

(4) Additionally, HUD will also reject your application if the SSP and/or commitment and support letter(s) from the appropriate funding organizations and the appropriate licensing agency(ies):

(i) Are not submitted with your application;

(ii) Indicate that the ALF units, facilities, meals and supportive services to be provided are not designed to meet the special needs of the residents who will reside in the ALF as defined in this NOFA,

(iii) Do not show commitment for funding the meals and supportive services proposed; or

(iv) Indicate that the project as proposed will not meet the licensing

requirements of the appropriate State/local agency(ies).

(C) **Review Panels.** The Office of Housing's Multifamily Hubs will establish panels to review all eligible applications that have passed threshold. The panels may include knowledgeable persons not currently employed by HUD.

(D) **Rating of Applications** (See paragraph below for selection of applications for commercial properties).

HUD staff teams will review and rate ALCP applications in accordance with the Ranking and Selection procedures (see Section V(F) of this NOFA). All applications will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, it will be rated according to the rating selection factors in Section V(G) of this NOFA. HUD reserves the right to reduce the amount requested in the application if any proposed components are ineligible or if the cost of items is not deemed reasonable. HUD will not reject an ALCP application based on technical review without notifying you of that rejection with all the reasons for the rejection, and providing you an opportunity to appeal. As discussed above, you will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the Multifamily Hub where the applications were sent originally. HUD staff will make a determination on an appeal before finalizing selection recommendations.

(E) **Applicant Debriefing.** All requests for debriefing must be made in writing and submitted to the local Hub in which you applied for assistance. Materials provided to you during your debriefing will include the final scores you received for each rating factor, final evaluator comments for each rating factor, and the final assessment indicating the basis upon which assistance was provided or denied. Information regarding this procedure may be found in the General Section of the SuperNOFA.

(F) **Ranking and Selection Procedures.** (Paragraphs (F)(1)–(4) are not applicable to applicants of commercial properties.)

Applications submitted in response to this NOFA that are eligible, pass threshold and have a total score of 75 points (or more) are eligible for ranking and selection. (Applications for the conversion of commercial properties with a score of at least 75 points will not be ranked but will be submitted to HUD Headquarters for selection.)

(1) Hub staff teams will be established for ALCP review in each Hub to do the application ratings (see Section V(D) above). See list of Hubs in Appendix A of this NOFA.

(2) From within rank order, Hub staff teams in each of the 18 Hubs will select the highest ranked applications from within that Hub in rank order, that can be funded from within the dollars available. Each Hub will select applications based on rank order up to and including the last application that can be funded out of each Hub's allocation. Hubs must not skip over any applications in order to select one based on the funds remaining.

(3) After making the initial selections, however, Hubs may use any residual funds to select the next rank-ordered application by reducing the dollars requested by no more than 10 percent (10%) and reducing the number of units proposed, but in no case reducing the number of units below the financial threshold feasibility of five ALF units.

(4) Funds remaining after these processes are completed will be returned to HUD Headquarters. HUD will use these funds first to fund Prentiss Jewish Federation of the HUD Detroit Hub, whose Fiscal Year 2002 ALCP application was not funded due to HUD error. Second, HUD Headquarters will use these funds to restore units to any project reduced as a result of using the residual grant funds in a Hub. Finally, HUD will use these funds for selecting one or more additional applications based on the Hubs rating and rankings, beginning with the highest rated application within the 18 Hubs. Only one application will be selected per Hub from the national residual amount. If there are no approvable applications in other Hubs, the process will begin again with the selection of the next highest rated application within the remaining Hubs. This process will continue until all approvable applications are selected using the available remaining funds. If there is a tie score between two or more applications, and there are insufficient residual funds to cover all tied applications, HUD Headquarters staff will choose the winning application(s) by lottery and/or reduction of grant requests consistent with the instructions above.

(5) Up to 2 applications will be selected using the \$10 million set-aside to provide grant funds to nonprofit applicants proposing to convert unused or underutilized commercial properties into assisted living. HUD Multifamily Hubs will review applications for commercial properties for completeness and compliance with the eligibility criteria set forth in Section III of this

NOFA. Hub staff will forward applications to Headquarters providing the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, includes all technical corrections by the designated deadline date and must have received a score of 75 points or more. Headquarters will select no more than 2 applications on a first-come, first-served basis that can be funded within the \$10,000,000 available.

Note: Only applications that can be fully funded will be selected. Any remaining funds after this selection process will be returned to the funds allocated for eligible multifamily assisted projects.

(G) **Factors For Award Used To Evaluate and Rate Applications.**

HUD will rate ALCP applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements identified in Section VI(B) of this NOFA, below. The maximum number of points an application may receive under this program is 100.

The Department encourages applicants to partner, fund or sub-contract with grassroots organizations, including faith-based and other community-based organizations in conducting their work programs. (See the General Section of the SuperNOFA for the definition of "grassroots organizations").

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

This factor addresses your capacity to carry out the conversion in a timely, cost-conscious and effective manner. It also reviews your experience with the supportive services which the ALF intends to provide to elderly residents, especially in such areas as meals, 24-hour staffing and on-site health care. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(5)(a), (8)(h), and of this NOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to carry out a successful conversion of the project and to implement the plan to deliver the supportive services on a long-term basis, considering the following:

(1) (9 points). The practicality of your plan and timetable to carry out the physical conversion of the development to the ALF.

(2) (10 points). Your past experience in providing or arranging for supportive

services either on or off site for those who are frail. (If you are applying to convert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) Examples are: Meals delivered to apartment of resident or in a congregate setting (2 points), arranging for or providing personal care (3 points), providing 24-hour staffing (1 point), providing or making available on-site preventive health care (2 points) and other support services (2 points).

(3) (1 point). Your organization is a "grassroots" organization as defined in the General Section of the SuperNOFA.

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

This factor addresses the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living). The application must provide evidence of current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and needs of potential residents in the housing market area for such persons including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area.

The factor also addresses your inability to fund the repairs or conversion activities from existing financial resources. In making this determination, HUD will consider project financial information or the organization's financial information for unused or underutilized commercial facilities. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(4)(a) through (d), (2)(c) and (9)(a) through (c) of the NOFA. In evaluating this factor, HUD will consider:

(1) (7 points). The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to convert unused or underutilized commercial facilities to assisted living.)

(2) (3 points (10 points for applications to convert unused or

underutilized commercial facilities to assisted living.)). The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area.

(3) (9 points). Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts. If the available R4R and residual receipts are less than 10% of the total funds needed = 9 points; if the available R4R and residual receipts are 10–50% of need = 5 points; and, if the available R4R and residual receipts are 51% or more of the total funds needed = 0 points). For commercial properties, if the available working capital exceeds 10 percent of the total conversion = 5 points; if the working capital is less than 10 percent of the total conversion = 9 points.

(4) (1 point). The Department will provide one (1) point to those applications which establish a connection between the proposed ALF and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidenced general support for conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applications proposing to convert unused or underutilized commercial facilities). There must also be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Sections VI(B)(2)(a) through (c), VI(B)(5)(b) through (e) and (h) and (7 and VI(B)(8))(a) through (e) and (g) and (h) of this NOFA. In evaluating this factor, HUD will consider the following:

(1) (12 points). The extent to which the proposed ALF design will meet the special physical needs of frail elderly persons or persons with disabilities

expected to be served at reasonable cost (consider the ALF design: meets needs = 12 points; ALF design partially meets needs = 6 points; and ALF design does not meet needs = 0 points).

(2) (12 points). The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services planned will be accomplished over time. (Consider ALF design/management plan: meets needs of management operations = 12 points; ALF design/management plan partially meets needs of management operations = 6 points; and ALF design/management plan does not meet needs of management operations = 0 points.)

(3) (7 points). The extent to which the proposed supportive services meet the anticipated needs of the frail elderly and disabled residents (does meet = 7 points; partially meets needs = 4 points; and, does not meet needs = 0 points); and

(4) (7 points). The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF (does meet = 7 points, partially meets = 4 points, does not meet = 0 points).

(5) (2 points). The extent to which you demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI processes to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes. For the ALCP to succeed, you must generate local funding for the necessary supportive services to operate the ALF. HUD also encourages local funding for some of the necessary conversion work, or other work needed in the project (e.g., general modernization) which is not specifically linked to the ALF).

Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)(5)(f), (g), and (B)(6) and B(8)(f) of this NOFA.

(1) (5 points). The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of

the ALF is covered. Consider 90% or more commitment for the total budget with no more than 10% general support = 5 points; 80–89.9% or more commitment for the total budget with no more than 20% general support = 4 points; 65–79.9% firm commitment with no more than 35% general support = 3 points; 40–64.9% firm commitment for the total budget with more than 60% general commitment = 2 points; less than 40% firm commitment for the total budget with no more than 60% general support = 0 points.

(2) (3 points). The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion (consider 50% or more = 3 points, 20–49.9% = 2 points, and under 20% = 0 points).

(3) (2 points). The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA (consider yes = 2 points, no = 0 points).

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

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability. This factor emphasizes HUD's commitment to ensure that promises you made in the application are kept; and to ensure performance goals with outcomes are established and are met (see the General Section of this SuperNOFA for more detail). Outcomes may include the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living and an improved living environment, as well as the extent to which the project will be viable absent HUD funds but rely more on state, local and private funds. Submit information responding to this factor in accordance with Application Submission Requirements in Section VI(B)5(a)–(g)(2)(d), (B)(8)(a)–(e) of this NOFA.

(1) (4 points). The extent to which your conversion timeframe reflect the length of time it will take to convert the units describing how residents will benefit from the conversion of the units; and how the converted units will result in ALF residents being able to age in place;

(2) (2 points). The extent to which your assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment.

(3) (2 points). The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds.

(4) (2 point). The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve (is fully addressed = 2 points, no or not addressed = 0 points).

VI. Application Submission Requirements

(A) *Application—General*. Your application must include all of the information, materials, forms, and exhibits listed in Section VI(B). In cases where your (i) articles of incorporation and (ii) by-laws have NOT changed since the project was originally approved by HUD, self-certification to that effect—that the documents on file with HUD are current—is sufficient. Items in Section VI(B) for which self-certification of currency is possible are denoted by a “***”.

In addition to the relief of paperwork burden in preparing applications, you will not have to submit certain new/recent information and exhibits you have previously prepared. See individual item descriptions, below to identify such items. An example of such an item may be the FY 2002 Annual Financial Statement.

(B) *General Application Requirements*. (1) Application Summary for the Assisted Living Conversion Program and Evidence that you are a private non-profit organization or nonprofit consumer cooperative and have the legal ability to operate an ALF program, per the following:

(a) Articles of Incorporation, constitution, or other organizational documents, or self-certification of these documents, if there has been no change in the Articles since they were originally filed with HUD;** and

(b) By-laws, (for non-profits) or self-certification of by-laws, if there has been no change in the by-laws since they were originally filed with HUD.**

(2) A description of your community ties and established linkages:

(a) A description of your links to the community at large and to the minority and elderly communities in particular; and

(b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:

(i) The development of the application;

(ii) The development of the ALF operating philosophy;

(iii) Review of the application prior to submission to HUD; and

(iv) Your intent to involve eligible ALF residents in the operation of the project or not.

Also, in communities that have significant numbers of persons with limited English proficiency, applicants should demonstrate that they have made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

(c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes including:

(i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;

(ii) A listing of the Consolidated Plan/AI issue areas in which you participate; and

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed in your application.

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes. (Consult the local HUD Office for the identification of the Consolidated Plan community process for the appropriate area.)

(d) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. The description should include a discussion of performance goals with performance indicators (see the General Section of the SuperNOFA for further detail).

(3) Evidence of your project being in occupancy for at least five years as of the date of application to HUD. (Not applicable to commercial facilities.)

(4) A market analysis of the need for the proposed ALF units, including information from both the project and the housing market, containing:

(a) Evidence of need for the ALF by current project residents: (Not applicable to commercial facilities.)

(i) A description of the demographic characteristics of the elderly residents

currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to commercial facilities.)

(ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking; (Not applicable to commercial facilities.)

(b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Service); and an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.

(c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses, on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

(d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items in Section VI(B)(4)(a) and (b) of this NOFA).

(5) A description of the physical ALF conversion, including the following:

(a) How you propose to carry out the physical conversion (including a timetable and relocation planning).

(b) A short narrative stating the number of units, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Also, you must describe how this design will facilitate the delivery of services in an economical fashion in the most integrated setting appropriate to the needs of the participating residents with disabilities and accommodate the changing needs of the residents over at least the next 10 years.

(c) A copy of the original plans for all units and other areas of the development, which will be included in

the conversion. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility as well as a copy of the plans of the facility as most recently operated, if different).

(d) A description of the conversion must clearly address the following accessibility issues: All door openings must have a minimum clear opening of 32 inches; and, all bathrooms and kitchens must be accessible to and functional for persons in wheelchairs, according to the "Uniform Federal Accessibility Standards."

(e) Architectural sketches of the conversion to a scale of 1/4 inch to one foot that indicate the following:

(i) All doors being widened;

(ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;

(iii) Bedroom/living/dining area modification, if needed;

(iv) Any reconfigured common space;

(v) Added/reconfigured office and storage space;

(vi) Monitoring stations, and

(vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements as appropriate.

(f) A budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items listed in Section VI(B)(5)(e), items i through vii, above.

(g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALF conversion NOFA) which will be supported by non-HUD funding.

(h) A description of any relocation of current tenants including a statement that: (Not applicable to commercial property applicants.)

(i) Indicates the estimated cost of temporary relocation payments and other related services;

(ii) Identifies the staff organization that will carry out the relocation activities; and

(iii) Identifies all tenants that will have to be temporarily moved to another unit within the development OR from the development during the period that the physical conversion of the project is under way.

Note: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (*i.e.*, cost of conversion, temporary relocation, service coordinator and other project costs).

(6) A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. With such description, attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of this NOFA.

(7) Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis for your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD (*e.g.*, a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.);

(8) A supportive services plan (SSP), a copy of which must be submitted to the appropriate state and/or local agency as instructed in Section IV(B) of this NOFA. For those applicants needing to contact state Medicaid offices, a list is provided on the Internet at www.hcfa.gov/medicaid/medicaid.htm. The SSP must include:

(a) A description of the supportive services needed for the frail elderly the ALF is expected to serve. This must include at least (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

(b) A description of how you will provide the supportive services to those who are frail and have disabilities (*i.e.*, on or off-site or combination of on or off-site), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents, and how the services will meet the identified needs of the residents. Also indicate how you intend to fund the service coordinator role.

(c) A description of how the operation of your ALF will work. Address: (i) General operating procedures; (ii) ALF philosophy and how it will promote the

autonomy and independence of the frail elderly and persons with disabilities; (iii) what will the service coordination function do and the extent to which this function already exists, or will be augmented or new; (iv) ALF staff training plans; and (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.

(d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by state or local licensing AND list the appropriate rate for any optional services you plan to offer to the ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.

(e) List who will pay for the board and supportive services (e.g., \$_____ for meals by sponsor, \$_____ for housekeeping services by city government; \$_____ for personal care by State Department of Health; \$_____ for _____ by state _____ program; \$_____ in fees by tenants; and, \$_____ by _____).

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

(f) A support/commitment letter from each listed proposed funding source per paragraph (e), above, for the planned meals and supportive services listed in the application. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization. There must be a letter from EACH participating organization listed in Section VI(B)(8)(e) of this NOFA, above.

(g) A support letter from each governmental agency which provides licensing for ALFs in that jurisdiction.

(h) A description of your relevant experience in arranging for and/or delivering supportive services to frail residents. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide information on your relevant experience in arranging for and/or delivering

supportive services to frail elderly persons). The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. The description should include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

Note: If a funds request for service coordination for the ALF and/or the whole project is included as part of this application, the Form HUD-424, indicating the dollars requested must be attached as Exhibit 10(a). Do not attach the whole service coordinator application.

(9) A description of your project's resources: (Items (9)(a)-(b) are not applicable to applicants of commercial property.)

(a) A copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.

(b) A copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.

(c) Annual Financial Statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent financial statement or annual report.

(10) *Forms and Certifications.* The following exhibits, forms, certifications and assurances are required:

(a) *Form HUD-424, Application for Federal Assistance, including Federal Assistance Matrix*, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for State review in accordance with Executive Order 12372 (see the General Section of the SuperNOFA for instructions in submitting this form).

(b) *Form HUD-424B, Applicant Assurances and Certifications, Certification of a Drug-free Workplace, Certification to Influence Federal Transaction and Standard Form LLL, Disclosure of Lobbying Activities and*

Certification Regarding Debarment and Suspension.

(c) *Form HUD 2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employment Identification numbers.* A disclosure of assistance from other government sources received in connection with the project.

(d) Form HUD-2991, Certification of Consistency with the Consolidated Plan (Plan), for the jurisdiction in which the proposed ALF will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth herein. The Plan regulations are published in 24 CFR part 91.

VII. Environmental Requirements

Your ALCP application is subject to the National Environmental Policy Act of 1969 and applicable related Federal environmental authorities. (See 24 CFR part 50, as applicable.) An environmental review will be completed by HUD before the award of any grant under this program. Pursuant to 24 CFR part 55, ALCP projects are critical actions for purposes of floodplain management review.

VIII. Authority

The Assisted Living Conversion Program is authorized by Section 202(b) of the Housing Act of 1959 (12 U.S.C. 1701q-2) and the Fiscal Year 2003 Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act.

Appendix A.—HUD Field Office List for Mailing Assisted Living Conversion Program Applications

HUD—Boston Hub

Boston Office, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Room 301, Boston, MA 02222-1092, (617) 565-5234, TTY Number: (617) 565-5453

HUD—New York Hub

New York Office, 26 Federal Plaza—32nd Floor, New York, NY 10278-0068, (212) 264-8000, TTY Number: (212) 264-0927

HUD—Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203, (716) 551-5755 ext 5000, TTY Number: (716) 551-5787

HUD—Philadelphia Hub

Philadelphia Office
The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107-3380, (215) 656-0600, TTY Number: (215) 656-3452

HUD—Baltimore Hub

Baltimore Office, City Crescent Building, 10 South Howard Street, 5th Floor, Baltimore, MD 21201-2505, (410) 962-2520, TTY Number: (410) 962-0106

HUD—Greensboro Hub

Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407-3707, (336) 547-4069, TTY Number: (336) 547-4020

HUD—Atlanta Hub

Atlanta Office, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303-2806, (404) 331-4976, TTY Number: (404) 730-2654

HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202-5121, (904) 232-2626, TTY Number: (904) 232-2631

HUD—Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604-3507, (312) 353-5680, TTY Number: (312) 353-5944

HUD—Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue—Suite 1635, Detroit, MI 48226-2592, (313) 226-7900, TTY Number: (313) 226-6899

HUD—Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215-2499, (614) 469-5737, TTY Number: (614) 469-6694

HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401-2195, (612) 370-3000, TTY Number: (612) 370-3186

HUD—Ft. Worth Hub

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113-2905, (817) 978-9000, TTY Number: (817) 978-9273

HUD—Kansas City Hub

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101-2406, (913) 551-5462, TTY Number: (913) 551-6972

HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202-3607, (303) 672-5343, TTY Number: (303) 672-5248

HUD—San Francisco Hub, San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102-3448, (415) 436-6550, TTY Number: (415) 436-6594

HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017-3106, (213) 894-8000, TTY Number: (213) 894-8133

HUD—Seattle Hub

Seattle Office, Seattle Federal Office Building, 909 1st Avenue, Suite 200, Seattle, WA 98104-1000, (206) 220-5101, TTY Number: (206) 220-5185

Note: The first line of the mailing address for all offices is the U. S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

Appendix B

HUD—Boston Hub

Hartford Office, One Corporate Center, 19th Floor, Hartford, CT 06103-3220, (860) 240-4800, TTY Number: (860) 240-4665

Boston Office, Room 301, Thomas P. O'Neill, Jr., Federal Building, 10 Causeway Street, Boston, MA 02222-1092, (617) 565-5234, TTY Number: (617) 565-5453

Manchester Office, Norris Cotton Federal Building, 275 Chestnut Street, Manchester, NH 03101-2487, (603) 666-7510, TTY Number: (603) 666-7518

Providence Office, 10 Weybosset Street, Sixth Floor, Providence, RI 02903-2808, (401) 528-5230, TTY Number: (401) 528-5403

HUD—New York Hub

New York Office, 26 Federal Plaza, Room 3200, New York, NY 10278-0068, (212) 264-8000, TTY Number: (212) 264-0927

HUD—Buffalo Hub

Buffalo Office, Lafayette Court Building, 465 Main Street, 2nd Floor, Buffalo, NY 14203-1780, (716) 551-5755 ext 5000, TTY Number: (716) 551-5787

HUD—Philadelphia Hub

Philadelphia Office, The Wanamaker Building, 100 Penn Square East, Philadelphia, PA 19107-3380, (215) 656-0600, TTY Number: (215) 656-3452

Charleston Office, Suite 708, 405 Capitol Street, Charleston, WV 25301-1795, (304) 347-7000, TTY Number: (304) 347-5332

Newark Office, Thirteenth Floor, One Newark Center, Newark, NJ 07102-5260, (973) 622-7900, TTY Number: (973) 645-3298

Pittsburgh Office, 339 Sixth Avenue, Sixth Floor, Pittsburgh, PA 15222-2515, (412) 644-6428, TTY Number: (412) 644-5747

HUD—Baltimore Hub

Baltimore Office, Fifth Floor, City Crescent Building, 10 South Howard Street, Baltimore, MD 21201-2505, (410) 962-2520, TTY Number: (410) 962-0106

Washington, DC Office, 820 First Street, NE, Suite 300, Washington, DC 20002-4205, (202) 275-9200, TTY Number: (202) 275-0772

Richmond Office, The 3600 Centre 600 East Broad Street, Richmond, VA 23219, (804) 771-2100 ext. 3839, TTY Number: (804) 771-2038

HUD—Greensboro Hub

Greensboro Office, Koger Building, 2306 West Meadowview Road, Greensboro, NC 27407-3707, (336) 547-4069, TTY Number: (336) 547-4020

Columbia Office, Strom Thurmond Federal Building, 1835-45 Assembly Street, Columbia, SC 29201-2480, (803) 765-5592, TTY Number: (803) 253-3209

HUD—Atlanta Hub

Atlanta Office, Richard B. Russell Federal Building 75 Spring Street, S.W., Suite 600, 40 Marietta Street—Five Points Plaza, Atlanta, GA 30303-3388 2806, (404) 331-4976, TTY Number: (404) 730-2654

San Juan Office, Edificio Administracion de Terrenos 171 Carlos Chardon Avenue, Suite 301, San Juan, PR 00918-0903, (787) 766-5400, TTY Number: (787) 776-5609

Louisville Office, 601 West Broadway, Louisville, KY 40202, (502) 582-5251, TTY Number: 1-800-648-6056

Knoxville Office, Third Floor, John J. Duncan Federal Building 710 Locust Street, Knoxville, TN 37902-2526, (423) 545-4384, TTY Number: (423) 545-4559

Nashville Office, Suite 200, 251 Cumberland Bend, Nashville, TN 37228-1803, (615) 736-5213, TTY Number: (615) 736-2886

HUD—Jacksonville Hub

Jacksonville Office, Southern Bell Tower, 301 West Bay Street, Suite 2200, Jacksonville, FL 32202-5121, (904) 232-2626, TTY Number: (904) 232-2631

Birmingham Office, Medical Forum Building, 920 22nd Street, North, Suite 900, Birmingham, AL 35203-5301, (205) 731-2624, TTY Number: (205) 731-2624

Jackson Office, Doctor A.H. McCoy Federal Building, 100 West Capitol Street, Suite 910, Jackson, MS 39269-1096, (601) 965-4700, TTY Number: (601) 965-4171

HUD—Chicago Hub

Chicago Office, Ralph H. Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604-3507, (312) 353-5680, TTY Number: (312) 353-5944

Indianapolis Office, 151 North Delaware Street, Indianapolis, IN 46204-2526, (317) 226-6303, TTY Number: (317) 226-7081

HUD—Detroit Hub

Detroit Office, Patrick V. McNamara Federal Building, 477 Michigan Avenue, Suite 1635, Detroit, MI 48226-2592, (313) 226-7900, TTY Number: (313) 226-6899

Grand Rapids Office, Trade Center Building, 50 Louis Street, NW, Third Floor, Grand Rapids, MI 49503-2648, (616) 456-2100, TTY Number: (616) 456-2159

HUD—Columbus Hub

Columbus Office, 200 North High Street, 7th Floor, Columbus, OH 43215-2499, (614) 469-5737, TTY Number: (614) 469-6694

Cleveland Office, US Bank Centre 1350 Euclid Avenue, Suite 500, Cleveland, OH 44115-1815, (216) 522-4058, TTY Number: (216) 522-2261

HUD—Minneapolis Hub

Minneapolis Office, 920 Second Avenue, South, Minneapolis, MN 55401-2195, (612) 370-3000, TTY Number: (612) 370-3186

Milwaukee Office, Suite 1380, Henry S. Reuss Federal Plaza, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203-2289, (414) 297-3214 ext. 8673, TTY Number: (414) 297-1423

HUD—Ft. Worth Hub

Little Rock Office, Suite 900, TCBY Tower, 425 West Capitol Avenue, Little Rock, AR 72201-3488, (501) 324-5931, TTY Number: (501) 324-5931

New Orleans Office, Ninth Floor, Hale Boggs Federal Building, 501 Magazine Street, New Orleans, LA 70130-3099, (504) 589-7200, TTY Number: (504) 589-7279

Ft. Worth Office, 801 N. Cherry Street, P.O. Box 2905, Fort Worth, TX 76113-2905, (817) 978-9000, TTY Number: (817) 978-9273

Houston Office, Suite 200, Norfolk Tower, 2211 Norfolk, Houston, TX 77098-4096, (713) 313-2274, TTY Number: (713) 834-3274

San Antonio Office, 106 South St. Mary's, Suite 405, San Antonio, TX 78205, (210) 475-6800, TTY Number: (210) 475-6885

HUD—Great Plains

Des Moines Office, Room 239, Federal Building, 210 Walnut Street, Des Moines, IA 50309-2155, (515) 284-4583, TTY Number: (515) 284-4728

Kansas City Office, Room 200, Gateway Tower II, 400 State Avenue, Kansas City, KS 66101-2406, (913) 551-5462, TTY Number: (913) 551-6972

Omaha Office, Executive Tower Centre, 10909 Mill Valley Road, Omaha, NE 68154-3955, (402) 492-3122, TTY Number: (402) 492-3183

St. Louis Office, Third Floor, Robert A. Young Federal Building, 1222 Spruce Street, Room 3207, St. Louis, MO 63103-2836, (314) 539-6583, TTY Number: (314) 539-6331

Oklahoma City Office, 500 West Main Street, Suite 400, Oklahoma City, OK 73102-2233, (405) 553-7401, TTY Number: 1-800-877-8339

HUD—Denver Hub

Denver Office, 633 17th Street, Denver, CO 80202-3607, (303) 672-5343, TTY Number: (303) 672-5248

HUD—San Francisco Hub

Phoenix Office, One North Central #600, Phoenix, AZ 85004, (602) 379-4434, TTY Number: (602) 379-4464

San Francisco Office, Philip Burton Federal Building and U.S. Courthouse, 450 Golden Gate Avenue, P.O. Box 36003, San Francisco, CA 94102-3448, (415) 436-8356, TTY Number: (415) 436-6594

Honolulu Office, 500 Ala Moana Boulevard, Suite 3A, Honolulu, HI 96813, (808) 522-8185, TTY Number: (808) 522-8193

HUD—Los Angeles Hub

Los Angeles Office, 611 West 6th Street, Suite 800, Los Angeles, CA 90017-3106, (213) 894-8000, TTY Number: (213) 894-8133

HUD—Seattle Hub

Portland Office, 400 Southwest 6th Avenue, Suite 700, Portland, OR 97204, (503) 326-2561, TTY Number: (503) 326-3656

Anchorage Office, 949 East 36th Avenue, Suite 401, Anchorage, AL 99508, (907) 271-4170

Seattle Office, 909 First Avenue, Suite 200, Seattle, WA 98104-1000, (206) 220-5101, TTY Number: (206) 220-5185

Note: The first line of the mailing address for all offices is the U.S. Department of Housing and Urban Development. Telephone numbers listed are not toll free.

BILLING CODE 4210-32-P

APPENDIX C

Fiscal Year 2003
Assisted Living Conversion Program
Application
Application Due Date: July 10, 2003



**U.S. Department of Housing and Urban Development
Office of Housing
Office of Multifamily Housing Programs**

The public reporting burden for this collection of information for the Assisted Living Conversion Program (ALCP) is estimated to average 80 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, in the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0542 for the Assisted Living Conversion Program. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Assisted Living Conversion Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**SECTION I
FISCAL YEAR 2003
ASSISTED LIVING CONVERSION PROGRAM FOR
ELIGIBLE MULTIFAMILY PROJECTS
APPLICATION**

GENERAL PROGRAM REQUIREMENTS, FORMS AND CERTIFICATIONS

APPLICATION
ASSISTED LIVING CONVERSION PROGRAM

INTRODUCTION: This constitutes the Application to apply for a grant under the Assisted Living Conversion Program (ALCP). **You MUST contact the HUD Multifamily Hub Office with jurisdiction over your development to obtain information about the submission of applications relevant to that Office. (NOTE: A list of the HUD Multifamily Hub Offices with Program Centers under each Hub is attached as Appendix B of the ALCP NOFA for you to use in determining the appropriate HUD Multifamily Hub Office to which you should submit your application.)**

You must submit an original and four (4) copies of your application in response to a Federal Register Notice of Funding Availability (NOFA) to the HUD Multifamily Hub Office. **Do not send the application to the HUD Multifamily Program Center with which you routinely interact. You may not hand-delivered your application. Applications for the Assisted Living Conversion Program should be sent via e United States Postal Service (USPS, as access by other services is not guaranteed. Applications must be received by the deadline date and time set forth in the NOFA. Applications by facsimile will not be accepted.**

CONTENTS OF THE APPLICATION: The ALCP Application consists of six parts with a total of ten Exhibits. Included with the ten Exhibits are prescribed forms, and certifications. The components of the Application are:

- Part I - Application Summary, Eligibility and Community Involvement
(Exhibits 1, 2 and 3)
- Part II - Evidence of Need for ALF Units
(Exhibit 4)
- Part III - Conversion and Retrofit Activities
(Exhibits 5, 6 and 7)
- Part IV - Supportive Services Plan
(Exhibit 8)
- Part V - Project Resources
(Exhibit 9)
- Part VI - General Application Requirements, and Certifications
(Exhibit 10)

All required application exhibits are identified in the NOFA.

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: The application must be submitted using the attached Application format and **MUST BE INDEXED AND TABBED ACCORDINGLY.** The Application includes:

1. The Table of Contents which identifies the order in which the application is to be assembled. It also serves as the application checklist by providing you with a space for identifying the submission page for the exhibit or portion of the exhibit.
2. The Rating Factors which identify how your application will be rated.
3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts I through V include exhibits related to the rating criteria. Part VI includes all the necessary forms and certifications.
4. The Application Evaluation for you to provide HUD with comments and suggestions about the Application Kit.
5. The Acknowledgment of Application Receipt you will receive with an indication of the date that HUD received your application and whether or not your application will receive further consideration.

NOTE: If you apply for any program under the Department's SuperNOFA, you need only submit one original signed Form HUD-424 and one set of original signatures for other standard forms and certifications; as long as you submit copies of these documents in any additional application you submit. Your application should identify the program for which you submitted the original signature for these standard forms and certifications.

If there is a discrepancy between the information provided in this kit and the information published in the SuperNOFA, the SuperNOFA prevails.

The application deadline date for the Assisted Living Conversion Program is July 10, 2003.

Before preparing your application, you should carefully review the requirements of the NOFA. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious,

fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

TABLE OF CONTENTS

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|--|-------------|
| PART I - APPLICATION SUMMARY, ELIGIBILITY AND COMMUNITY INVOLVEMENT | _____ |
| EXHIBIT 1: Application Summary and Your Legal Status: | |
| (a) Articles of Incorporation (or other organizational documents), or self-certification | _____ |
| (b) By-laws, or self-certification | _____ |
| EXHIBIT 2: Description of your community ties and established linkages: | |
| (a) Ties/links to the community at large and to the minority and elderly population | _____ |
| (b) Efforts to involve elderly persons | _____ |
| (i) in the development of the application | _____ |
| (ii) in the development of the ALF operating philosophy | _____ |
| (iii) in the review of the application | _____ |
| (iv) your intent to involve eligible ALF residents in the operation of the project. | _____ |

Also, in communities that have significant number of persons with limited English proficiency, applicants should demonstrate that the application was made available to residents of the project (in their language(s))

EXHIBIT 2 (CONT'D)**Page**

AND that you requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate the application will be made available to the residents of the project in their language(s) and will request and consider comments in their language(s).

- (c) Involvement in the community's Consolidated Planning process including:
- (i) Agency that organizes/ administers the process
 - (ii) Consolidated Plan issue areas in which you participate
 - (iii) Level of your participation in the process including your involvement with any faith-based organizations, associations or committees

OR

Specific steps you will take to become active in the process

- (d) The assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment (including a discussion of performance goals with performance indicators)

EXHIBIT 3: Evidence of your project being in occupancy for at least five years as of the date of the application to HUD (Not required by nonprofit applicants of unused and underutilized commercial facilities)

PART II - EVIDENCE OF NEED FOR ALF UNITS **Page**

EXHIBIT 4: A market analysis of the need for the proposed ALF units, including information from the project and the housing market:

- (a) Evidence of need for ALF by current residents (Not required by nonprofit applicants of unused and underutilized commercial facilities) _____

 - (i) Description of demographic characteristics of current elderly residents _____
 - (ii) Description of services currently available to residents _____

- (b) Evidence of need for ALF by very low income elderly and disabled households in market area _____
- (c) Description of local alternate care and services _____
- (d) Description of how Analysis of Impediments to Fair Housing Choice was used in documenting need _____

PART III - CONVERSION AND RETROFIT ACTIVITIES

EXHIBIT 5: A Description of the Physical ALF Conversion

- (a) Description of how the physical conversion will be carried out, including time-table and relocation planning _____
- (b) Narrative including number of units being converted, design features, community and office space, storage, dining/kitchen facility and staff space and physical relationship to rest of project; and, how design will facilitate service delivery and changing needs of residents _____

EXHIBIT 5 (CONT'D)**Page**

- (c) Original plans for all units and spaces involved in conversion _____
- (d) Description of accessibility features _____
- (e) Architectural sketches of conversion including: _____
 - (i) All doors being widened _____
 - (ii) Kitchen/bathroom reconfiguration _____
 - (iii) Bedroom/living/dining area modification, if needed _____
 - (iv) Reconfigured common space _____
 - (v) Added/reconfigured office/storage space _____
 - (vi) Monitoring stations _____
 - (vii) Kitchen and dining facility _____
- (f) Budget for all costs of items in (e) above _____
- (g) Firm Commitment Letters for non-HUD funding _____
- (h) Description of relocation: (not applicable to applicants of commercial properties) _____
 - (i) Cost of temporary relocation payments/related services _____
 - (ii) Staff organization to carry out relocation _____
 - (iii) Identification of tenants that will be temporarily relocated _____

EXHIBIT 6: Description of any retrofit/renovation to be done with third party funds with firm commitment letters _____

| | Page |
|---|-------|
| EXHIBIT 7: Evidence of permissive zoning | _____ |
| PART IV - SUPPORTIVE SERVICES PLAN | |
| EXHIBIT 8: Supportive Services Plan, including: | |
| (a) A description of the supportive services needed by residents of the ALF units | _____ |
| (b) A description of how the supportive services will be provided; the service coordination role and how it will be funded; and how services will meet needs of residents | _____ |
| (c) A description of the ALF operation: | |
| (i) general operating procedures | _____ |
| (ii) ALF philosophy | _____ |
| (iii) what the service coordination role will be and whether existing, augmented or new | _____ |
| (iv) ALF staff training plans | _____ |
| (v) relationship of ALF to daily operations of the project | _____ |
| (d) Individual monthly rate for board and supportive services of ALF and estimate of total annual cost | _____ |
| (e) Identification of funding sources for the board and supportive services | _____ |
| (f) Support/commitment letters from each source identified in (e) above | _____ |
| (g) Support letter from each governmental agency which will license the ALF | _____ |
| (h) Description of your experience in arranging/delivering services | _____ |

PART V - PROJECT RESOURCES

EXHIBIT 9: A description of your project's resources, including: ((a) and (b) not applicable to applicants of unused and underutilized commercial properties)

- (a) Copy of most recent R4R account statement and analysis _____
- (b) Copy of most recent Residual Receipts Account statement _____
- (c) Your annual financial statement or date sent to REAC; if commercial property, annual financial statement or annual report _____

PART VI - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS

EXHIBIT 10: FORMS and CERTIFICATIONS

- (a) Form HUD-424 _____
- (b) Form HUD-424B, Applicant Assurances and Certifications _____
- (f) Applicant/Recipient Disclosure/Update Report (HUD-2880) _____
- (g) Certification of Consistency with the Consolidated Plan (HUD-2991) _____

RATING FACTORS

Below are the Rating Factors and the corresponding application Exhibits that will be reviewed to determine the ratings:

1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF
(Exhibit References: Exhibits 5(a), 8(h))

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to carry out a successful conversion of the project and the plan to deliver the supportive services on a long-term basis, considering the following: **(20 points)**

- (a) The practicality of your plan and timetable to carry out the physical conversion of the development to an ALF. **(9 points)**
- (b) Your past experience in providing or arranging for supportive services either on or off site for those who are frail. (If you are applying to convert an unused or underutilized commercial facility to assisted living and you do not own or operate a project with frail elderly residents, you must provide information on any past experience in providing or arranging supportive services for those who are frail.) **(10 points)**

Examples are: Meals delivered to apartment of resident or in a congregate setting **(2 points)**, arranging for or providing personal care **(3 points)**, providing 24-hour staffing **(1 point)**, providing or making available on-site preventive health care **(2 points)**, and other supportive services **(2 points)**.

- (c) Your organization is a "grassroots" organization. **(1 point)**

2. NEED/EXTENT OF THE PROBLEM

(Exhibit References: Exhibits 4(a) through (d), 2(c), and 9(a) through (c))

In determining the extent to which the conversion is needed by the categories of elderly persons and persons with disabilities that the ALF is intended to serve (very low income elderly persons and persons with disabilities who have limitations in three or more activities of daily living), HUD will consider the evidence in your application of the current needs among project residents (not applicable to applications proposing to convert unused or underutilized commercial facilities) and the needs of potential residents

in the housing market area including economic and demographic information on very-low income frail elderly and persons with disabilities and information on current assisted living resources in the market area. In addition, HUD will consider your inability to fund the repairs or conversion activities from existing financial resources by examining project financial information or the organizations financial information for unused and underutilized commercial facilities. HUD will also consider your level of participation in your community's Consolidated Plain/AI, including your involvement with any faith-based organizations, associations, or any committees that support programs and activities that will enhance the project or the lives of the residents of the project. In evaluating this factor, HUD will consider the following: **(20 points)**

- (a) The need for assisted living among the elderly and disabled residents of the project taking into consideration those currently in need and the depth of future needs given aging in place. (Not applicable to applications to covert unused or underutilized commercial facilities to assisted living). **(7 points)**
- (b) The need for assisted living among very-low income elderly persons and persons with disabilities in the housing market area. **(3 points (10 points for applications to convert unused or underutilized commercial facilities to assisted living))**
- (c) Insufficient funding for any needed conversion work, as evidenced by the project's financial statements and specifically the lack of excess reserve for replacement dollars (R4R) and residual receipts; for unused and underutilized commercial facilities, by the organization's annual financial statement or annual report. **(9 points)**

If reserves and residual receipts are less than 10% of the total funds needed **(9 points)**; if reserves and residual receipts are 10-50% of need **(5 points)**; and if reserves and residual receipts are 51% or more of the total funds needed **(0 points)**.

For commercial properties, if the organization's available working capital exceeds 10 percent of the total conversion **(5 points)**, if the working capital is less than 10 percent of the total conversion **(9 points)**.

- (d) If the application establishes a connection between the proposed ALF and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(1 point)**

SOUNDNESS OF APPROACH

(Exhibit References: Exhibits 5(b) through (e) and (h), 7, and 8(a) through (e) and (g) and (h))

This factor addresses the quality and effectiveness of your proposal in addressing the proposed conversion, effectiveness of service coordination and management planning and the meals and supportive services which the ALF intends to provide and the extent to which you have evidence general support for the conversion by participating in your community's Consolidated Planning Process, involving the residents in the planning process (not applicable to applicants proposing to convert unused or underutilized commercial facilities). There must be a relationship between the proposed activities, the project's and the community's needs and purposes of the program funding for your application to receive points for this factor.

In evaluating this factor, HUD will consider the following:
(40 points)

- (a) The extent to which the proposed ALF design will meet the special physical needs of the frail elderly or persons with disabilities expected to be served at reasonable cost. **(12 points)**

(ALF design meets needs - **12 points**) (ALF design partially meets needs - **6 points**) (ALF design does not meet needs - **0 points**)

- (b) The extent to which the ALF's proposed management and operational plan ensures that the provision of both meals and supportive services will be accomplished over time. **(12 points)**

(ALF design/management plan meets needs of management operations - **12 points**; ALF design/management plan partially meets needs of management operations - **6 points**; ALF design/management plan does not meet needs of management operations - **0 points**)

- (c) The extent to which the proposed supportive services meet the needs of the anticipated frail elderly and disabled residents. **(7 points)**
- (services meet needs - **7 points**; partially meet needs - **4 points**; does not meet needs - **0 points**)
- (d) The extent to which the service coordination function is addressed and explained as onsite and sufficient, onsite and augmented or new, and addresses the ongoing procurement of needed services for the residents of the ALF. **(7 points)**
- (fully addressed and explained - **7 points**; partially addressed and explained - **4 points**; not addressed and explained - **0 points**)
- (e) The extent to which you have demonstrated that you have been actively involved (or if not currently active, the steps you will take to become actively involved) in your community's Consolidated Planning/AI process to identify and address a need/problem that is related in whole or part, directly or indirectly to the proposed project. **(2 points)**

4. LEVERAGING RESOURCES

(Exhibit References: 5(f) and (g), 6 and 8(f))

In determining your ability to secure other community resources which can be combined with HUD's grant funds to achieve program purposes, HUD will consider: **(10 points)**

- (a) The extent to which there are commitments for the funding needed for the meals and the supportive services planned for the ALF and that the total cost of the estimated budget of the ALF is covered. **(5 points)**
- (90% or more commitment for the total budget with no more than 10% general support - **5 points**; 80 - 89.9% or more commitment for the total budget with no more than 20% general support - **4 points**; 65 - 79.9% commitment with no more than 35% general support - **3 points**; 40 - 64.9% firm commitment for the total budget with more than 60% general commitment - **2 points**; less than 40% firm commitment for the total budget with no more than 60% general support - **0 points**)

- (b) The extent of local organizations' support which is firmly committed to providing at least 50 percent of the total cost of ALF conversion. **(3 points)**

(support is 50% or more - **3 points**; support is 20 - 49.9% - **2 points**; support is under 20% - **0 points**)

- (c) The extent of local organizational support which is firmly committed to providing funds for additional repair or retrofit necessary for the project NOT specifically directed to activities eligible under this NOFA. **(2 points)**

(support exists - **2 points**; support does not exist - **0 points**)

5. ACHIEVING RESULTS AND PROGRAM EVALUATION

(Exhibit References: Exhibits 5(a) and (b), and 8(a) through (e))

This factor address your intent to keep the promises made in the conversion timetable that will result in the timely conversion of your project; the extent to which you have indicated how the converted units will result in ALF residents being able to age in place; the extent to which the project will implement practical solutions that will result in assisting residents in achieving independent living; and the extent to which the project will be viable absent HUD funds and relying more on state, local and private funds, HUD will consider:
(10 points)

- (a) The extent to which your conversion timetable reflects the length of time it will take to convert the units and describing how the converted units will benefit the residents as they age in place. **(4 points)**
- (b) The extent to which the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living environment. **(2 points)**
- (c) The extent to which you demonstrate that the project will be viable absent HUD funds while relying more on state, local and private funds. **(2 points)**

- (d) The extent to which there is an operating philosophy which promotes the autonomy and independence of the frail elderly persons it is intended to serve. **(2 points)**

(operating philosophy addressed - **2 points**; not addressed - **0 points**)

PART I

**ELIGIBILITY AND COMMUNITY
INVOLVEMENT**

EXHIBIT 1

**Multifamily Housing
Assisted Living Conversion Program
APPLICATION SUMMARY SHEET**

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

Owner (Funds Recipient) Name _____

Address _____

City _____ State _____ Zip _____

Phone (Include Area Code) _____

Grant Contact Person (Name) _____

Phone (Include Area Code) _____

E-mail address _____

List the specific development(s) targeted for assistance under this grant. Use additional sheets as needed.

Development Name _____

Address _____

City _____ State _____ Zip _____

FHA/Project Number _____ Sec. 8 Number _____

Project Type (e.g., 236) _____ No. of Units _____

Location (Urban, suburban, or rural) _____

Number of Residents _____ Estimated number of frail elderly _____

Estimated number of non-elderly people with disabilities _____

Estimated number of at-risk elderly _____

Are you applying for a Service Coordinator Grant? _____ Yes _____ No

Will this development share a service coordinator with other developments? _____ Yes _____ No

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

Senators 1. _____ 2. _____

Congressional Representative(s) Name(s) 1. _____ District(s) 1. _____

2. _____ 2. _____

EXHIBIT 1 (Cont'd)

Application Summary and Evidence of your legal status - Provide evidence that you are a private nonprofit or nonprofit consumer cooperative and have the legal ability to operate an ALF program, including the following:

- (a) Articles of Incorporation, constitution, or other organizational documents, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD
- (b) By-laws, or self-certification thereof, if there has been no change in the Articles since they were originally filed with HUD

EXHIBIT 2 - Description of your community ties and established linkages:

- (a) Describe your ties/links to the community at large and to the minority and elderly communities in particular.
- (b) A description of your efforts to involve elderly persons, including minority elderly persons and persons with disabilities in:
 - (i) The development of the application;
 - (ii) The development of the ALF operating philosophy;
 - (iii) The review of the application prior to submission to HUD; and

Your intent to involve eligible ALF residents in the operation of the project.

Also demonstrate that you made the application available to the residents of the project (in their language(s)) AND requested and considered comments from them (in their language(s)). Applicants of converted commercial facilities should indicate that the application will be made available to the residents of the project in their language(s) and will request and consider comments from them in their language(s).

- (c) A description of your involvement in your community's Consolidated Planning and Analysis of Impediments to Fair Housing (AI) processes, including:
 - (i) An identification of the lead/facilitating agency(ies) that organizes/administers the processes;
 - (ii) A listing of the Consolidated Plan/AI issue areas in which you participate;

EXHIBIT 2 (CONT'D)

(iii) The level of your participation in the processes, including active involvement with any neighborhood-based organizations, associations, or any committees that support programs and activities that enhance projects or the lives of residents of the projects, such as the one proposed;

OR

If you are not currently active, describe the specific steps you will take to become active in the Consolidated Planning and AI processes.

- (c) A description of how the assisted living facility will implement practical solutions that will result in assisting residents in achieving independent living and improved living conditions.

EXHIBIT 3 - Evidence of your project being in occupancy for at least five years as of the date of the application to HUD. This evidence must be submitted by all applicants. (Not applicable for applicants of unused and underutilized commercial facilities)

PART II

EVIDENCE OF NEED FOR ALF UNITS

EXHIBIT 4 - A market analysis of the need for the proposed ALF units, including information from both the project and the housing market

- (a) Evidence of need for the ALF by current project residents: (Not applicable for applicant of an unused or underutilized commercial facility)
 - (i) A description of the demographic characteristics of the elderly residents currently living in the project, including the current number of residents, distribution of residents by age and sex, an estimate of the number of residents with frailties/limitations in activities of daily living and an estimate of the number of residents in need of assisted living services. (Not applicable to applicants of a commercial facility)
 - (ii) A description of the services which are currently available to the residents and/or provided on or off-site and what services are lacking. (Not applicable to applicants of a commercial facility)
- (b) Evidence of the need for ALF units by very low income elderly and disabled households in the market area; a description of the trend in elderly and disabled population and household change; data on the demographic characteristics of the very low income elderly in need of assisted living services (age, race, sex, household size and tenure) and extent of residents with frailty/limitations in existing federally-assisted housing for the elderly (HUD and Rural Housing Services). And an estimate of the very low income elderly and disabled in need of assisted living taking into consideration any available State or local data.
- (c) A description of the extent, types and availability and cost of alternate care and services locally, such as: home health care, adult day care, housekeeping services, meals programs, visiting nurses,

EXHIBIT 4 (CONT'D)

on-call transportation services, health care and providers of supportive services who address the needs of the local low income population.

- (d) A description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the ALF (covering items (a) and (b) above)

PART III

CONVERSION AND RETROFIT ACTIVITIES

EXHIBIT 5 - A description of the physical ALF conversion

- (a) Describe how you propose to carry out the physical conversion, including a timetable and a discussion of relocation planning.
- (b) Include a short narrative which states the number of units being converted, special design features, community and office space/storage, dining and kitchen facility and staff space and the physical relationship to the rest of the project. Describe how the design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over at least the next 10 years.
- (c) Provide a copy of the original plans for all units and other areas of the development which will be included in the conversion. (Applicants converting an unused or underutilized commercial facility to assisted living, provide a copy of the original plans of the facility).
- (d) Describe how the conversion will address accessibility; such as, doorways being at least 32 inches wide and kitchens and bathrooms meeting the specifications of the Uniform Federal Accessibility Standards.
- (e) Provide architectural sketches of the conversion to a scale of 1/4 inch to one foot (1/4" = 1'-0") that indicate the following:
 - (i) All doors being widened;
 - (ii) Typical kitchen and bathroom reconfiguration: show all wheelchair clearances, wall reinforcing, grab bars and elevations of counters and work surfaces;
 - (iii) Bedroom/living/dining area modification, if needed;
 - (iv) Any reconfigured common space;

EXHIBIT 5 (CONT'D)

- (v) Added/reconfigured office and storage space;
- (vi) Monitoring stations; and
- (vii) The kitchen and dining facility.

All architectural modifications must meet section 504 and ADA requirements, as appropriate.

- (f) Provide a budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items in (e)(i) through (vii) above.
- (g) Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALCP NOFA) which will be supported by non-HUD funding.
- (h) A description of any relocation of current tenants as a result of the conversion activities. (Not applicable to commercial property applicants).
 - (i) Provide the estimated cost of temporary relocation payments and other related services;
 - (ii) Identify the staff organization that will carry out the relocation activities; and
 - (iii) Identify all tenants that will have to be temporarily moved to another unit within the development OR from the development during the conversion.

NOTE: If any of the relocation costs will be funded from sources other than the ALCP grant, you must provide evidence of a firm commitment of these funds. When evaluating applications, HUD will consider the total cost of proposals (i.e., cost of conversion, temporary relocation, service coordinator and other project costs).

EXHIBIT 6 - A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. Attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of the ALF NOFA.

EXHIBIT 7 - Evidence of permissive zoning, showing that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations, or a statement of the proposed action required to make the proposed project permissible and the basis of your belief that the proposed action will be completed successfully within six months of the date of grant award by HUD. (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.)

PART IV

SUPPORTIVE SERVICES PLAN

EXHIBIT 8 - Supportive Services Plan

You must submit a copy of the SSP to each appropriate State or local service funding organization well in advance of the application deadline, for appropriate review. The State or local funding organization(s) must return the SSP to you with appropriate comments and indication of funding commitment, which you must include with this application.

You must also submit a copy of your application to the appropriate organization(s) which license ALFs in your jurisdiction. The licensing agency(ies) must approve your plan, and must also certify that the ALF and the proposed supportive services in your SSP are consistent with local statute and regulations and well designed to serve the needs of the frail elderly and people with disabilities who will reside in the ALF portion of your project.

- (a) Describe the supportive services needed for the frail elderly the ALF is expected to serve. This must include: (i) meals and such other supportive services required locally or by the State, and (ii) such optional services or care to be offered on an "as needed" basis.

Examples of both mandatory and optional services (which will vary from state to state) are: two meals and two snacks or three meals daily; 24-hour protective oversight; personal care; housekeeping services; personal counseling and transportation.

- (b) Describe how you will provide the supportive services to those who are frail and have disabilities (i.e., on or off-site or combination of the two), including an explanation of how the service coordination role will facilitate the adequate provision of such services to ALF residents and how it will be funded, and how the services will meet the identified needs of the residents.

EXHIBIT 8 (CONT'D)

- (c) Describe how the operation of your ALF will work, including:
- (i) general operating procedures;
 - (ii) ALF philosophy and how it will promote the autonomy and independence of the frail elderly and persons with disabilities;
 - (iii) what the service coordination function will do and the extent to which it is existing, augmented or new;
 - (iv) ALF staff training plans;
 - (v) the degree to which and how the ALF will relate to the day-to-day operations of the rest of the project.
- (d) The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by State or local licensing AND list the appropriate rate for any optional services you plan to offer ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.
- (e) List who will pay for the board and supportive services, e.g., \$___ for meals by sponsor, \$___ for housekeeping services by city government; \$___ for personal care by State Department of Health; \$___ for ___ by State ___ program; \$___ in fees by tenants; and, \$___ by ___.

The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be

EXHIBIT 8 (CONT'D)

served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.

- (f) Provide a support/commitment letter from **EACH** listed proposed funding source in (e) above, for the planned meals and supportive services. The letter must cover the total planned annual commitment (and multiyear amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization.
- (g) Provide a support letter from **EACH** governmental agency(ies) which provides licensing for ALFs in that jurisdiction.
- (h) Describe your relevant experience in arranging for and/or delivering supportive services to frail residents. The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. Include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.

NOTE: If a request for funding under the Service Coordinators in Multifamily Housing NOFA for the ALF and/or the whole project (Section 202 projects with PRAC are not eligible for such funding because PRAC funds can cover the cost of service coordination) is included as part of this application, the Form HUD-424, indicating the dollars requested must be attached as Exhibit 10 (a). Do **NOT** attach the entire service coordinator application.

PART V
PROJECT RESOURCES

EXHIBIT 9 - A description of your project's resources. (Not applicable to commercial properties.)

- (a) Provide a copy of the most recent project Repair and Replacement (R4R) account statement, and an R4R analysis showing plans for its use over the next five years, and any approvals received from the HUD field office to date.
- (b) Provide a copy of the most recent Residual Receipts Account statement. Indicate any approvals for the use of such receipts from the field office for over \$500/unit.
- (c) Provide your annual financial statement (AFS). If your FY 2003 AFS was due to REAC more than 120 days BEFORE the due date for this application, in the interest of reducing work burden, only include the date that it was sent to REAC. If the AFS was due to REAC 120 days or less from the due date of this application, you MUST include a paper copy. For commercial properties, the most recent statement or annual report.

PART VI

**GENERAL APPLICATION REQUIREMENTS, FORMS,
AND CERTIFICATIONS**

EXHIBIT 10: Forms and Certifications

- (a) Standard Form 424, Application for Federal Assistance, including Funding Matrix and compliance with Executive Order 12372
(A certification that you have submitted a copy of your application, if required, to the State agency single point of contact for State review.)
- (b) Standard Form 424B, Applicant Assurances and Certifications
- (c) Form HUD-2880, Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers
- A disclosure of assistance from other government sources received in connection with the project.
- (d) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed ALF will be located.

**Application for
Federal Assistance**

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission
 Application Preapplication

| | |
|----------------------------------|------------------------------------|
| 2. Date Submitted | 4. HUD Application Number |
| 3. Date and Time Received by HUD | 5. Existing Grant Number |
| | 6. Applicant Identification Number |

| | | | |
|---|--------------------------------|---|---|
| 7. Applicant's Legal Name | | 8. Organizational Unit | |
| 9. Address (give city, county, State, and zip code) A. Address: B. City: C. County: D. State: E. Zip Code: | | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: B. Title: C. Phone: D. Fax: E. E-mail: | |
| 11. Employer Identification Number (EIN) or SSN | | 12. Type of Applicant (enter appropriate letter in box) | |
| 13. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify) | | A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify) | |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Component Title: | | 14. Name of Federal Agency U.S. Department of Housing and Urban Development | |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) | | 16. Descriptive Title of Applicant's Program | |
| 18a. Proposed Program start date | 18b. Proposed Program end date | 19a. Congressional Districts of Applicant | 19b. Congressional Districts of Program |
| 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. | | | |
| 21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review. | | | |
| 22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation. | | | |

| Funding Matrix | | | | | | | | | |
|---|-----------|-----------------|-----------------|---------------------|----------------|--------------------|-------------------|----------------|-------|
| The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications. | | | | | | | | | |
| Grant Program* | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income | Total |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Grand Totals | | | | | | | | | |
| * For FHIPs, show both initiative and component | | | | | | | | | |
| <p>Certifications</p> <p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p> | | | | | | | | | |
| 23. Signature of Authorized Official | | | | | Name (printed) | | | | |
| Title | | | | | | | Date (mm/dd/yyyy) | | |

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

| | |
|---|---|
| 1. Applicant/Recipient Name, Address, and Phone (include area code): () - | 2. Social Security Number or Employer ID Number: - - |
| 3. HUD Program Name | 4. Amount of HUD Assistance Requested/Received |
| 5. State the name and location (street address, City and State) of the project or activity: | |

Part I Threshold Determinations

| | |
|---|--|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input type="checkbox"/> Yes <input type="checkbox"/> No. |
|---|--|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/State/Local Agency Name and Address | Type of Assistance | Amount Requested/Provided | Expected Uses of the Funds |
|--|--------------------|---------------------------|----------------------------|
| | | | |

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation in Project/Activity | Financial Interest in Project/Activity (\$ and %) |
|--|--|---|---|
| | | | |

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
I certify that this information is true and complete.

| | |
|---------------------|--------------------|
| Signature: X | Date: (mm/dd/yyyy) |
|---------------------|--------------------|

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
 2. State the type of other government assistance (e.g., loan, grant, loan insurance).
 3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
 4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

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

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

**Acknowledgment of
Application Receipt**

**U.S. Department of Housing
and Urban Development**

Type or clearly print the Applicant's name and full address in the space below.

(fold line)

Type or clearly print the following information:

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

To Be Completed by HUD

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
- Enclosed
 - Being sent under separate cover

Processor's Name _____

Date of Receipt _____

Client Comments and Suggestions

U.S. Department of Housing
and Urban Development

You are our Client! Your comments and suggestions, please!

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development
Office of Departmental Grants Management and Oversight
Room 3156
451 7th Street, SW
Washington, DC 20410

Please Provide Comments on HUD's Efforts:

The NOFA (insert title) _____

is: (please check one)

- (a) is clear and easily understandable
 (b) better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) _____

is: (please check one)

- (a) is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.
 (b) is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

Name & Organization (Optional):

Are additional pages attached? Yes No