

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**SERVICE COORDINATORS IN
MULTIFAMILY HOUSING**

Billing Code 4210-32-C

Service Coordinators in Multifamily Housing Overview Information

A. Federal Agency Name: Department of Housing and Urban Development, Office of the Assistant Secretary for Housing-Federal Housing Commissioner.

B. Funding Opportunity Title: Service Coordinators In Multifamily Housing.

C. Announcement Type: Initial announcement.

D. Funding Opportunity Number: The **Federal Register** number for this NOFA is FR-4900-N-19. The OMB approval number for this program is 2502-0447.

E. Catalog of Federal Domestic Assistance (CFDA) Number: 14.191, Multifamily Housing Service Coordinators.

F. Application Due Date: The application due date is July 22, 2004.

G. Optional Additional Overview Information:

1. *Available Funds.* Approximately \$25 million, Fiscal Year 2004 funds.

2. *Purpose of the program:* The Service Coordinator program allows multifamily housing owners to assist elderly individuals and people with disabilities living in HUD-assisted housing and in the surrounding area to obtain needed supportive services from the community, in order to enable them to continue living as independently as possible in their own homes.

3. *Eligible Applicants:* Only owners of eligible multifamily assisted developments may apply for and become the recipient of grant funds.

Full Text of Announcement

I. Funding Opportunity Description

A. The Service Coordinator Program. The Service Coordinator Program provides funding for the employment and support of Service Coordinators in insured and assisted housing developments that were designed for the elderly and persons with disabilities and continue to operate as such. Service Coordinators help residents obtain supportive services from the community that are needed to enable independent living and aging in place. A Service Coordinator is a social service staff person hired or contracted by the development's owner or management company. The Service Coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the supportive services they need to continue living independently in their current homes. All services should meet the specific desires and needs of the residents themselves. The Service Coordinator may not require any elderly

individual or person with a disability to accept any specific supportive service(s).

You may want to review the Management Agent Handbook 4381.5 REVISION-2, CHANGE-2, Chapter 8 for further guidance on service coordinators. This Handbook is accessible through HUDCLIPS on HUD's Web site at <http://www.hudclips.org>. The Handbook is in the Handbooks and Notices—Housing Notices database. Enter the Handbook number in the "Document Number" field to retrieve the Handbook.

B. Authority

Section 808 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), as amended by sections 671, 674, 676, and 677 of the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992), and section 851 of the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569, approved December 27, 2000).

C. Definition of Terms Used in this Program NOFA

1. "Activities of daily living (ADLs)" means eating, dressing, bathing, grooming, and household management activities, as further described below:

- a. Eating—May need assistance with cooking, preparing, or serving food, but must be able to feed self;
- b. Bathing—May need assistance in getting in and out of the shower or tub, but must be able to wash self;
- c. Grooming—May need assistance in washing hair, but must be able to take care of personal appearance;
- d. Dressing—Must be able to dress self, but may need occasional assistance; and

e. Home management activities—May need assistance in doing housework, grocery shopping, laundry, or getting to and from activities such as going to the doctor and shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

2. "At-risk elderly person" is an individual 62 years of age or older who is unable to perform one or two ADLs, as defined in the above paragraph.

3. "Frail elderly person" means an individual 62 years of age or older who is unable to perform at least three ADLs as defined in the above paragraph.

4. "People with disabilities" means those individuals who:

- a. Have a disability as defined in Section 223 of the Social Security Act;
- b. Have a physical, mental, or emotional impairment expected to be of

long, continued, and indefinite duration that impedes the individual's ability to live independently; or

c. Have a developmental disability.

5. "Reasonable costs" mean that costs are consistent with salaries and administrative costs of similar programs in your Field office's jurisdiction.

D. Functions of a Service Coordinator. The major functions of the Service Coordinator include the following:

1. Refer and link the residents of the development to supportive services provided by the general community. Such services may include case management, personal assistance, homemaker, meals-on-wheels, transportation, counseling, occasional visiting nurse, preventive health screening/wellness, and legal advocacy.

2. Educate residents on service availability, application procedures, client rights, etc.

3. Establish linkages with agencies and service providers in the community. Shop around to determine/develop the best "deals" in service pricing, to assure individualized, flexible, and creative services for the involved resident. Provide advocacy as appropriate.

4. Provide case management when such service is not available through the general community. This might include evaluation of health, psychological and social needs, development of an individually tailored case plan for services, and periodic reassessment of the resident's situation and needs. Service Coordinators can also set up a Professional Assessment Committee (PAC) to assist in performing initial resident assessments. (See the guidance in the Congregate Housing Services Program (CHSP) regulations at 24 CFR 700.135 (or 1944.258 for Rural Housing developments).

5. Monitor the ongoing provision of services from community agencies and keep the case management and provider agency current with the progress of the individual. Manage the provision of supportive services where appropriate.

6. Help the residents build informal support networks with other residents, family and friends.

7. Work and consult with tenant organizations and resident management corporations. Provide training to the development's residents in the obligations of tenancy or coordinate such training.

8. Create a directory of providers for use by both development staff and residents.

9. Educate other staff of the management team on issues related to aging in place and Service Coordination, to help them to better work with and assist the residents.

E. Basic Qualifications of Service Coordinators and Aides

1. Service Coordinator qualifications include the following:

a. A Bachelor of Social Work or degree in Gerontology, Psychology or Counseling is preferable; a college degree is fully acceptable. You may also consider individuals who do not have a college degree, but who have appropriate work experience.

b. Knowledge of the aging process, elder services, disability services, eligibility for and procedures of federal and applicable state entitlement programs, legal liability issues relating to providing Service Coordination, drug and alcohol use and abuse by the elderly, and mental health issues.

c. Two to three years experience in social service delivery with senior citizens and people with disabilities. Some supervisory or management experience may be desirable if the Service Coordinator will work with aides.

d. Demonstrated working knowledge of supportive services and other resources for senior citizens and non-elderly people with disabilities available in the local area.

e. Demonstrated ability to advocate, organize, problem-solve, and provide results for the elderly and people with disabilities.

2. Aides working with a Service Coordinator should either have a college degree or appropriate experience in working with the elderly and/or people with disabilities. An example of an aide position could be an internship or work-study program with local colleges and universities to assist in carrying out some of the Service Coordinator's functions.

II. Award Information

A. Available Funding. The Consolidated Appropriations Act, 2004 (Pub. L. 108-199, approved January 23, 2004) provides \$29,823,000, which reflects a .59 percent across-the-board rescission, to fund Service Coordinators and the continuation of existing Congregate Housing Services Program (CHSP) grants. Of this amount, approximately \$25 million will be used to fund new Service Coordinator programs. The remaining amount, plus carryover funds, will be used to fund one-year extensions to expiring Service Coordinator and CHSP grants.

B. Maximum Grant Award. There is no maximum grant amount. The grant amount you request will be based on the Service Coordinator's salary and the number of hours worked each week by that Service Coordinator (and/or aide).

You should base your determination of the appropriate number of weekly work hours on the number of people in the development who are frail, at-risk, or non-elderly people with disabilities. Under normal circumstances, a full-time Service Coordinator should be able to serve about 50-60 frail or at-risk elderly or non-elderly people with disabilities on a continuing basis. Your proposed salary must also be supported by evidence of comparable salaries in your area. Gather data from programs near you to compare your estimates with the salaries and administrative costs of currently operating programs. HUD Field staff can provide you with contacts at local program sites. HUD provides funding in the form of three-year grants. HUD may renew grants subject to the availability of funds and acceptable program performance.

III. Eligibility Information

A. Eligible Applicants

1. You must meet all of the applicable eligibility requirements of Section III.C of the General Section of the SuperNOFA.

2. You must be an owner of a development assisted under one of the following programs:

a. Section 202 Direct Loan;

b. Project-based Section 8 (including Section 8 Moderate Rehabilitation), or

c. Section 221(d)(3) below-market interest rate, and 236 developments that are insured or assisted.

3. You must be approved to conduct new business with the Department, based on HUD's evaluation of the applicant's previous participation activities as reported on the "Previous Participation Certification", form HUD-2530.

4. Additionally, developments listed in paragraph III.A.2, above, are eligible only if they meet the following criteria:

a. Have frail or at-risk elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents. (For example, in a 52-unit development, at least 13 residents must be frail, at-risk, or non-elderly people with disabilities.)

b. Were designed for the elderly or persons with disabilities and continue to operate as such. This includes any building within a mixed-use development that was designed for occupancy by elderly persons or persons with disabilities at its inception and continues to operate as such, or consistent with title VI, subtitle D of the Housing and Community Development Act of 1992 (Pub. L. 102-550). If not so designed, a development in which the owner gives preferences in tenant

selection (with HUD approval) to eligible elderly persons or persons with disabilities, for all units in that development.

c. If FHA insured or financed by a Section 202 Direct Loan, are current in mortgage payments or are current under a workout agreement.

d. Meet HUD's Uniform Physical Conditions Standards (codified in 24 CFR part 5, subpart G), based on the most recent physical inspection report and responses thereto, as evidenced by a score of 60 or better on the last physical inspection or by an approved plan for developments scoring less than 60.

e. Are in compliance with their regulatory agreement, Housing Assistance Payment (HAP) Contract, and any other outstanding HUD grant or contract document.

f. Have no available project funds (*i.e.*, Section 8 operating funds, residual receipts, or excess income) that could pay for a Service Coordinator program. ("Available funds" are those that require HUD approval for their use and are not needed to meet critical project needs.) Field office staff will make this determination based on financial records maintained by the Department and information provided by the applicant in the grant application.

5. If your eligibility status changes during the course of the grant term, making you ineligible to receive a grant (*e.g.*, due to prepayment of mortgage, sale of property, or opting out of a Section 8 HAP contract), HUD has the right to terminate your grant.

6. Ineligible Applicants and Developments.

a. Property management companies, area agencies on aging, and other like organizations are *not* eligible applicants for Service Coordinator funds. Such agents may prepare applications and sign application documents if they provide written authorization from the owner corporation as part of the application. In such cases, the owner corporation *must* be indicated on all forms and documents as the funding recipient.

b. Developments not designed for the elderly, people with disabilities, or those no longer operating as such;

c. Section 221(d)(4) and Section 515 developments without project-based Section 8 assistance;

d. Section 202 and 811 developments with a Project Rental Assistance Contract (PRAC). Owners of Section 202 PRAC developments may obtain funding by requesting an increase in their PRAC payment consistent with Handbook 4381.5 REVISION-2, CHANGE-2, Chapter 8;

e. Conventional public housing, as such term is defined in section 3(b) of the United States Housing Act of 1937), and Units assisted by project-based Housing Choice Vouchers, as set forth in 24 CFR Part 983.

f. Renewals of existing Section 8 Service Coordinator subsidy awards or grants. HUD currently provides one-year extensions to these subsidy awards and grants through a separate funding action.

B. Cost Sharing or Matching Requirement.

None required.

C. Other

1. Eligible Activities.

a. Service Coordinator Program grant funds may be used to pay for the salary, fringe benefits, and related support costs of employing a service coordinator. Support costs may include quality assurance, training, travel, purchase of office furniture, equipment, and supplies, computer hardware, software, and Internet service, and indirect administrative costs.

b. You may use grant funds to pay for Quality Assurance (QA) in an amount that does not exceed ten percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program, to assure that the position and program are effectively implemented. A qualified, objective third party must perform the program evaluation work and must have work experience and education in social or health care services. Your QA activities must identify short and long term program outcomes and performance indicators that will help you measure your performance. On-site housing management staff cannot perform QA and you may not augment current salaries of in-house staff for this purpose.

c. You may propose reasonable costs associated with setting up a confidential office space for the Service Coordinator. Such expenses must be one-time only administrative start-up costs. Such costs may involve acquisition, leasing, rehabilitation, or conversion of space. HUD Field office staff must approve both the proposed costs and activity and must perform an environmental assessment on such proposed work prior to grant award.

d. You may use funds to augment a current Service Coordinator program, by increasing the hours of a currently employed Service Coordinator, or hiring an additional Service Coordinator or aide on a part- or full-time basis. Likewise, ALCP applicants may apply for new or augmented Service

Coordinator costs to serve Assisted Living residents and/or all residents of the development.

e. You may use funds to continue a Service Coordinator program that has previously been funded through other sources. In your application, you must provide evidence that this funding source has already ended or will discontinue within six months following the application deadline date and that no other funding mechanism is available to continue the program. This applies only to funding sources other than the subsidy awards and grants provided by the Department through program Notices beginning in FY1992. HUD currently provides one-year extensions to these subsidy awards and grants through a separate funding action.

f. You may provide service coordination to low-income elderly individuals or people with disabilities living in the vicinity of an eligible development. Community residents should come to your housing development to meet with and receive service from the Service Coordinator, but you must make reasonable accommodations for those individuals unable to travel to the housing site.

2. Threshold Requirements.

a. At the time of submission, grant applications must contain the materials in Section IV.B.2.a and d of this Program NOFA in order to be considered for funding. If any of these items is missing, HUD will immediately reject your application.

b. In cases where field office staff request information in response to technical deficiencies in applications, applicants must submit the response by the designated deadline date. If requested responses are not received by this date, HUD will reject the application.

c. DUN and Bradstreet Universal Numbering System (DUNS) Number Requirement. Refer to the General Section of the SuperNOFA for information regarding the DUNS requirement. You will need to obtain a DUNS number to receive an award from HUD.

3. Program Requirements. In managing your Service Coordinator grant, you must meet the requirements of this Section. These requirements apply to all activities, programs, and functions used to plan, budget, and evaluate the work funded under your program

a. You must make sufficient separate and private office space available for the Service Coordinator and/or aides to meet with residents, without adversely affecting normal activities.

b. The Service Coordinator must maintain resident files in a secured location. Files must be accessible ONLY to the Service Coordinator, unless residents provide signed consent otherwise. These policies must be consistent with maintaining confidentiality of information related to any individual per the Privacy Act of 1974.

c. Grantees must ensure that the Service Coordinator receives appropriate supervision, training, and ongoing continuing education, consistent with statutory and HUD administrative policies. This includes 36 hours of training in age-related and disability issues during the first year of employment, if the Service Coordinator has not received recent training in these areas, and 12 hours of continuing education each year thereafter.

d. Grantees are responsible for any budget shortfalls during the three-year grant term.

e. As a condition of receiving a grant, Section 202 developments without a dedicated residual receipts account must amend their regulatory agreement and open such an account, separate from their Reserve for Replacement account.

f. Subgrants and Subcontracts. You may directly hire a Service Coordinator or you may contract with a qualified third party to provide this service.

g. Environmental Requirements. It is anticipated that most activities under this program are categorically excluded from the National Environmental Policy Act (NEPA) and related environmental authorities under 24 CFR 50.19(b)(3), (4), (12), or (13). If grant funds will be used to cover the cost of any activities which are not exempt from environmental review requirements—such as acquisition, leasing, construction, or building rehabilitation, HUD must perform an environmental review to the extent required by 24 CFR part 50, prior to grant award.

4. Submission Information.

a. Single Applications.

(1) You may submit one application for one or more developments that your corporation owns.

(2) You may submit more than one application to a single field office, if you wish to increase your chances of selection in the lottery. Each application must propose a stand-alone program at separate developments. The developments must all be located in the same field office jurisdiction.

(3) If you wish to apply on behalf of developments located in different field office jurisdictions, you must submit a separate application to each field office.

b. **Joint Applications.** You may join with one or more other eligible owners to share a Service Coordinator and submit a joint application. In the past, joint applications have been used by small developments that joined together to hire and share a part or full-time Service Coordinator.

c. **Application Submission Requirements for ALCP Applicants.**

(1) If you are an ALCP applicant and you request new or additional Service Coordinator funds specifically for your proposed Assisted Living Program, you must submit an application containing all required documents listed in Section IV.B of this Program NOFA. You may provide a copy of all standard forms in your Service Coordinator application.

(2) Be sure to indicate the amount of grant funds you are requesting for both programs on your SF-424 forms. HUD field office staff will review both applications simultaneously.

(3) If you currently do not have a Service Coordinator working at the development proposed in your ALCP application and your ALCP application is selected to receive an award, HUD will fund a Service Coordinator to serve either ALCP residents only or all residents of the development dependent upon your request. If your development currently has a Service Coordinator, you may request additional hours for the Service Coordinator to serve the Assisted Living residents. If you request additional hours, you must specify the number of additional hours per week and provide an explanation based on the anticipated needs of the Assisted Living residents. If you request Service Coordinator funding to serve all residents of your development, indicate whether or not your request should be entered into the national lottery if your ALCP application is not selected to receive an award. Provide this information in your related narrative, pursuant to paragraph IV.B.2.d(6) of this NOFA.

IV. Application and Submission Information

A. **Addresses to Request Application Package.** Application Kits. Please note that all information needed for the preparation and submission of your application is included in this program NOFA and in the General Section of the SuperNOFA. HUD will not provide a separate application kit.

SuperNOFA, Guidebook, and Further Information. You may request general information, copies of the General Section and Program Sections of the SuperNOFA, and the SuperNOFA Guidebook from the NOFA Information Center (800-HUD-8929 or 800-HUD-

2209 (TTY)) between the hours of 9 a.m. and 8 p.m. (eastern time) Monday through Friday, except on federal holidays. When requesting an application, please refer to the Multifamily Housing Service Coordinator Program and provide your name, address (including zip code) and telephone number (including area code). To ensure sufficient time to prepare your application, you may request copies of this Program section of the SuperNOFA immediately following publication. The NOFA Information Center opens for business simultaneously with the publication of the SuperNOFA. You can also obtain information on this Program section of the SuperNOFA from <http://www.grants.gov>.

B. **Content and Form of Application Submission.** Your application must contain the items listed in paragraphs 1 and 2, following. These items include the standard forms, certifications, and assurances listed in the General Section of the SuperNOFA that are applicable to this funding (collectively referred to as the "standard forms"). The standard forms and other required forms can be found following the General Section of the SuperNOFA. The items are as follows:

1. **Standard Forms.**

a. Application for Federal Assistance (SF-424)

b. SF-424 Supplement "Survey on Ensuring Equal Opportunity for Applicants."

c. Applicant Assurances and Certifications (HUD-424B)

d. If engaged in lobbying, the Disclosure Form Regarding Lobbying (SF-LLL)

e. Applicant/Recipient Disclosure/Update Report Form (HUD-2880)

f. Acknowledgment of Application Receipt (HUD-2993)

g. Client Comments and Suggestions (HUD-2994), optional

2. **Other Application Items.** All applications for funding under the Service Coordinator Program must contain the following documents and information:

a. Service Coordinator First-Time Funding Request, form HUD-91186.

b. Previous Participation Certification, form HUD-2530.

c. If more than one owner is proposing to share a Service Coordinator, one agency must designate itself the "lead". This lead agency must submit a letter along with the completed application materials from each owner. The letter must be on organization letterhead and contain the number of developments, their names and addresses, and the dollar amount

requested for each site. The legal signatory for the owner corporation must sign the letter, indicating agreement to administer grant funds for the housing developments listed in the letter.

d. Evidence of comparable salaries in your local area.

e. **Narrative Statements Describing Your Program.**

(1) Explain your method of estimating how many residents of your development are frail or at-risk elderly or non-elderly people with disabilities. Please document that individuals meeting these criteria make up at least 25 percent of your resident population. (Do not include elderly individuals or people with disabilities who do not live in the eligible developments included in your application.)

(2) Explain how you will provide on-site private office space for the Service Coordinator, to allow for confidential meetings with residents. If construction is planned, also include a plan and a cost-estimate.

(3) Your quality assurance program evaluation activities and itemized list of estimated expenses for this activity if included in your request for funding. Indicate the type of professional or entity that will perform the work if known at this time or the criteria you will use to select the provider.

(4) If you wish to augment an existing program, describe your program's needs and explain how the additional staff hours requested will help meet these needs.

(5) A description of your plan to address community resident needs, if applicable to your program.

(6) If you are applying for an Assisted Living Conversion Program (ALCP) grant in conjunction with your Service Coordinator application, describe how the new or additional Service Coordinator hours will support your proposed assisted living program (by following the instruction provided in the ALCP NOFA), and indicate if you want your Service Coordinator application entered into the lottery if your ALCP application is not selected to receive an award.

f. Evidence that no project funds are available to fund a Service Coordinator program. You must include a copy of your development's most recent bank statement, showing the project's current residual receipts or excess income balance (if any). It is incumbent upon the applicant to demonstrate that no such project funds are available.

g. If applicable, evidence that prior funding sources for your development's Service Coordinator program are no longer available or will expire within

six months following the application deadline date.

h. If an agent is preparing the application for an owner, an authorizing letter from the owner.

C. Submission Dates and Times. Your application will be considered timely filed if it is received by the designated HUD field office or postmarked on or before July 22, 2004. Applicants must follow the timely submission requirements in the General Section.

D. Intergovernmental Review:

Intergovernmental review is not applicable to this program.

E. Funding Restrictions.

1. Alternative Funding for Service Coordinators. If your development has available Section 8 operating funds, residual receipts, or excess income, not needed for critical project expenses, you must use these project funds prior to receiving grant monies. Owners may submit requests to use Section 8 operating funds, residual receipts, or excess income pursuant to instructions in Housing's Management Agent Handbook 4381.5, REVISION-2, CHANGE-2, Chapter 8 and Housing Notice H 02-14. HUD field staff may approve use of these project funds at any time, consistent with current policy. You should discuss these alternative funding options with your field office staff prior to submitting a grant application.

2. Ineligible Activities and Program Costs.

a. You may not use funds available through this NOFA to replace currently available funding from other sources for a Service Coordinator or for some other staff person who performs service coordinator functions.

b. Owners with existing service coordinator subsidy awards or grants may not apply for renewal or extension of those programs under this NOFA. HUD will provide extension funds through a separate funding process.

c. You cannot hire an additional part or full-time Service Coordinator for the sole purpose of serving community residents.

d. Grant recipients may not use grant funds to pay for supervision performed by property management staff; (Management fees already pay for such supervision).

e. Cost overruns associated with creating private office space and usual audit and legal fees are not eligible uses of grant funds.

f. The cost of application preparation is not eligible for reimbursement.

g. Grant funds cannot be used to increase a project's management fee.

h. Grant funds may not cover the cost of Service Coordinator-related training

courses for members of a development's management staff who do not directly provide Service Coordination. Owners must use their management fees to pay this expense.

i. Owners/managers cannot use Reserve for Replacement funds to pay costs associated with a Service Coordinator program.

j. Congregate Housing Services Program grantees may not use these funds to meet statutory program match requirements and may not use these funds to replace current CHSP program funds to continue the employment of a service coordinator.

k. Grantees cannot use grant funds to pay PAC members for their services.

l. The grant amount allowed for QA may not exceed ten percent of the Service Coordinator's salary.

3. Prohibited Service Coordinator Functions. During work hours paid for by this grant, Service Coordinators may not perform the following activities:

a. Act as a recreational or activities director;

b. Provide supportive services directly;

c. Act as a Neighborhood Networks program director or coordinator;

d. Perform property management work, regardless of the funding source used to pay for these activities.

F. Other Submission Requirements:

1. Application Copies. You must submit an original and two copies of your application.

2. Application Delivery. You must submit your application to the field office that has jurisdiction over the housing developments included in your application. Also see the General Section of the SuperNOFA for more application delivery information including delivery times and timely submission requirements.

3. Use the field office list provided in the appendix to this NOFA to address your applications and to contact your local HUD field office staff. Use this list rather than the field office list provided in the General Section of the SuperNOFA.

V. Application Review Information

A. Criteria

1. HUD will not award Service Coordinator Program grant funds through a rating and ranking process. Instead, the Department will hold one national lottery for all eligible applications forwarded from Multifamily Hub and Multifamily Program Centers.

2. Threshold Eligibility Review. HUD Multifamily field office staff will review applications for completeness and

compliance with the eligibility criteria set forth in Section III of this NOFA. Field office staff will forward application information to Headquarters for entry into the lottery if the application was received by the deadline date, meets all eligibility criteria, proposes reasonable costs for eligible activities, and includes all technical corrections received by the designated deadline date.

B. Review and Selection Process

1. Funding Priorities.

a. Prior to the lottery, HUD will fund Service Coordinator applications submitted by FY2004 ALCP applicants, whose ALCP applications are selected for funding under that program's NOFA. HUD estimates that approximately \$1 million will be used to fund ALCP Service Coordinator applications. Any funds not used by the ALCP program to fund service coordinators will be added to the funds available for the National Lottery.

b. After setting aside funds for ALCP applicants, and prior to the lottery, HUD will next fund all applications submitted by owners who are applying for grant funds to continue a currently operating program previously funded by project funds. As stated in paragraph III.A.4.f of this NOFA, such applications are eligible only if project funds are no longer available to continue the program.

2. Selection Process.

a. HUD will use remaining funds to make grant awards through the use of a national lottery. A computer program performs the lottery by randomly selecting eligible applications. b. HUD will fully fund as many applications as possible with the given amount of funds available. After all fully fundable applications have been selected by lottery, HUD may make an offer to partially fund the next application on the lottery's list, in order to use the entire amount of funds allocated. If the applicant selected for partial funding turns down the offer, HUD will make an offer to partially fund the next application on the lottery list. HUD will continue this process until an applicant accepts the partial funding offer.

3. Reduction in Requested Grant Amount. HUD may make an award in an amount less than requested, if:

a. HUD determines that some elements of your proposed program are ineligible for funding;

b. There are insufficient funds available to make an offer to fully fund the application;

c. HUD determines that reduced grant amount would prevent duplicative federal funding.

4. Corrections to Deficient Applications. Section V.B.4 of the General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

VI. Award Administration Information

A. Award Notices

HUD field staff will send, by postal or overnight mail, selection letters and grant agreements to the award recipient organization. The grant agreement is the obligating document and funds are obligated once the HUD grant officer signs the agreement. Field staff will send non-selection letters during this same period of time. If your application is rejected, field staff may notify you by letter any time during the application review process.

B. Administrative and National Policy Requirements

C. Reporting

1. All award recipients must submit the following reports on a yearly basis:

a. Two Semi-Annual Financial Status Reports (SF-269-A), for each half-year period of the federal fiscal year;

b. Two Semi-Annual Service Coordinator Performance Reports, (HUD-92456), for each half-year period of the federal fiscal year. The objectives of the Service Coordinator program are to enhance a resident's quality of life and ability to live independently and age in place. The data that HUD collects on the performance report measures the grantee's success in meeting these intended program outcomes. The data reported include the numbers of residents served, their ages, frailty levels, and the range of services provided to them. In addition, the performance report assesses the Service Coordinator's efficiency in providing coordination, by reporting the number of hours worked, the amount of time spent doing administrative tasks, the types of professional training attended, and examples of problems encountered throughout the course of their work.

c. Periodic reimbursement requests (i.e., Payment Voucher, form HUD-50080-SCMF), providing program expenses for the associated time period, and submitted in accordance with the due dates stated in the grant agreement. Grantees must request grant payments directly following the end of each agreed-upon time period and the funds must reimburse those program costs already incurred.

2. If your grant includes Quality Assurance activities, you must submit a copy of at least one annual QA Report. Your report is due on October 30 of each year, along with the semi-annual financial and performance reports.

VII. Agency Contacts

You may contact your local HUD field office staff for questions you have regarding this program section of the SuperNOFA and your application. Please contact the Multifamily Housing Resident Initiatives Specialist or Service Coordinator contact person in your local office. If you are an owner of a Section 515 development, contact the HUD field office that monitors your Section 8 contract. If you have a question that the field staff is unable to answer, please call Carissa Janis, Housing Project Manager; Office of Housing Assistance and Grants Administration; U. S. Department of Housing and Urban Development; 451 Seventh Street, SW., Room 6146; Washington, DC 20410; (202) 708-3000, extension 2487 (this is not a toll-free number). If you are hearing- or speech-impaired, you may access this number via TTY by calling the Federal Information Relay Service at 800-877-8339.

VIII. Other Information

A. *Satellite Broadcast.* HUD will hold an information program for potential applicants via satellite broadcast to learn more about the program and preparation of the application. For more information about the date and time of the broadcast, you should contact your local field office staff or consult the HUD Web site at <http://www.hud.gov>.

B. *Paperwork Reduction Act.* The information collection requirements contained in this document has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520) and assigned OMB control number 2502-0447. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number. Public reporting burden for the collection of information is estimated to average 50.25 hours per annum per respondent for the application and grant administration. This includes the time for collecting, reviewing, and reporting the data for the application, semi-annual reports and final report. The information will be used for grantee selection and monitoring the administration of funds. Response to this request for information is required in order to receive the benefits to be derived.

C. *Appendices.* Appendix A to this NOFA presents the list of HUD offices. Appendix B to this NOFA provides the forms that are specific to this NOFA.

Appendix

Local HUD Offices

Notes: 1. Your application must be sent to the appropriate local HUD Office having jurisdiction over the locality in which your project is located. If you send your application to the wrong local HUD Office, it will be rejected. Therefore, if you are uncertain as to which local HUD Office to submit your application, you are encouraged to contact the local HUD Office below that is closest to your project's location to ascertain the Office's jurisdiction and ensure that you submit your application to the correct local HUD Office.

2. If your project is located within the jurisdiction of the Boston, Massachusetts Office, your application must be submitted to the Manchester, New Hampshire Office.

BILLING CODE 4210-32-P

<p><u>HUD - BOSTON HUB</u></p> <p>HARTFORD OFFICE One Corporate Center 19th Floor Hartford, CT 06103-3220 (860) 240-4800, ext 3041 TTY Number: (860) 240-4665</p>	<p><u>HUD - BUFFALO HUB</u></p> <p>BUFFALO OFFICE Lafayette Court Building 465 Main Street, 2nd Floor Buffalo, NY 14203-1780 (716) 551-5755, ext 5509 TTY Number: (716) 551-5787</p>
<p>MANCHESTER OFFICE 1000 Elm Street 8th Floor Manchester, NH 03101-2487 (603) 666-7684 TTY Number: (603) 666-7518</p>	<p><u>HUD - PHILADELPHIA HUB</u></p> <p>PHILADELPHIA OFFICE The Wanamaker Building 100 Penn Square East Philadelphia, PA 19107-3380 (215) 656-0609, ext 3533 TTY Number: (215) 656-3452</p>
<p>PROVIDENCE OFFICE Sixth Floor 10 Weybosset Street Providence, RI 02903-2808 (401) 528-5230 TTY Number: (401) 528-5403</p>	<p>CHARLESTON OFFICE Suite 708 405 Capitol Street Charleston, WV 25301-1795 (304) 347-7000, ext 103 TTY Number: (304) 347-5332</p>
<p><u>HUD - NEW YORK HUB</u></p> <p>NEW YORK OFFICE 26 Federal Plaza, Room 3200 New York, NY 10278-0068 (212) 264-0777, ext 3713 TTY Number: (212) 264-0927</p>	<p>NEWARK OFFICE Thirteenth Floor One Newark Center Newark, NJ 07102-5260 (973) 622-7900, ext 3400 TTY Number: (973) 645-3298</p>
	<p>PITTSBURGH OFFICE 339 Sixth Avenue Sixth Floor Pittsburgh, PA 15222-2507 (412) 644-6428 TTY Number: (412) 644-5747</p>

<p><u>HUD - BALTIMORE HUB</u></p> <p>BALTIMORE OFFICE Fifth Floor City Crescent Building 10 South Howard Street Baltimore, MD 21201-2505 (410) 962-2520, ext 3474 TTY Number: (410) 962-0106</p>	<p><u>HUD - ATLANTA HUB</u></p> <p>ATLANTA OFFICE ATTN: Multifamily Housing, 12th Floor 40 Marietta Street - Five Points Plaza Atlanta, GA 30303-2806 (404) 331-4976 TTY Number: (404) 730-2654</p>
<p>RICHMOND OFFICE 600 East Broad Street Richmond, VA 23219-4920 (804) 771-2100 TTY Number: (804) 771-2038</p>	<p>SAN JUAN OFFICE Edificio Administracion de Terrenos 171 Carlos Chardon Avenue, Suite 301 San Juan, PR 00918-0903 (787) 766-5401 TTY Number: (787) 766-5104</p>
<p>WASHINGTON, DC OFFICE 820 First Street N.E., Suite 450 Washington, DC 20002-4205 (202) 275-0772 TTY Number: (202) 275-0772</p>	<p>LOUISVILLE OFFICE 601 West Broadway Louisville, KY 40202 (502) 582-5251 TTY Number: (866) 800-0289</p>
<p><u>HUD - GREENSBORO HUB</u></p> <p>GREENSBORO OFFICE Asheville Building 1500 Pincroft Road, Suite 401 Greensboro, NC 27407-3838 (336) 547-4000, ext. 2016 or 2032 TTY Number: (336) 547-4020</p>	<p>KNOXVILLE OFFICE Third Floor, Room #315 John J. Duncan Federal Building 710 Locust Street Knoxville, TN 37902-2526 (423) 545-4400 TTY Number: (865) 545-4559</p>
<p>COLUMBIA OFFICE Strom Thurmond Federal Building, 13th Floor 1835-45 Assembly Street Columbia, SC 29201-2480 (803) 765-5592 TTY Number: (803) 523-3209</p>	<p>NASHVILLE OFFICE Suite 200 235 Cumberland Bend Nashville, TN 37228-1803 (615) 736-7000 TTY Number: (615) 736-2886</p>

<p><u>HUD - JACKSONVILLE HUB</u></p> <p>JACKSONVILLE OFFICE Suite 2210 Southern Bell Tower 301 West Bay Street Jacksonville, FL 32202-5121 (904) 232-1777, ext. 2144 TTY Number: (904) 232-2631</p>	<p><u>HUD - DETROIT HUB</u></p> <p>DETROIT OFFICE Patrick V. McNamara Federal Building 477 Michigan Avenue, Suite 1635 Detroit, MI 48226-2592 (313) 226-7900 TTY Number: (313) 226-6899</p>
<p>BIRMINGHAM OFFICE Medical Forum Building 950 22nd St., North Suite 900 Birmingham, AL 35203-5301 (205) 731-2630 TTY Number: (205) 731-2624</p>	<p>GRAND RAPIDS OFFICE Trade Center Building 50 Louis Street, N.W. Grand Rapids, MI 49503-2633 (616) 456-2100 TTY Number: (616) 456-2159</p>
<p>JACKSON OFFICE Suite 910 Doctor A.H. McCoy Federal Building 100 West Capitol Street Jackson, MS 39269-1096 (601) 965-4738 TTY Number: (601) 965-4171</p>	<p><u>HUD - COLUMBUS HUB</u></p> <p>CINCINNATI OFFICE 15 E. Seventh Street Cincinnati, OH 45202-2401 (513) 684-3451, ext. 2350 TTY Number: (513) 684-6180</p>
<p><u>HUD - CHICAGO HUB</u></p> <p>CHICAGO OFFICE Ralph H. Metcalfe Federal Building 77 West Jackson Boulevard, 23rd Floor Chicago, IL 60604-3507 (312) 353-6236, ext. 2202 TTY Number: (312) 353-5944</p>	<p><u>HUD - MINNEAPOLIS HUB</u></p> <p>MINNEAPOLIS OFFICE 920 Second Avenue South, Suite 1300 Minneapolis, MN 55402-4012 (612) 370-3051 TTY Number: (612) 370-3186</p>
<p>INDIANAPOLIS OFFICE 151 North Delaware Street Indianapolis, IN 46204-2526 (317) 226-6482, ext. 6303 TTY Number: (317) 226-7081</p>	<p>MILWAUKEE OFFICE Henry S. Reuss Federal Plaza 310 West Wisconsin Avenue, Suite 1380 Milwaukee, WI 53203-2289 (414) 297-3214, ext. 8662 TTY Number: (414) 297-1423</p>

<p><u>HUD - FT. WORTH HUB</u></p> <p>LITTLE ROCK OFFICE Suite 900 TCBY Tower 425 West Capitol Avenue Little Rock, AR 72201-3488 (501) 324-5401 TTY Number: (501) 324-5931</p>	<p>SHREVEPORT OFFICE 401 Edwards Street Room 1510 Shreveport, LA 71101-5513 (318) 676-3440 TTY: (504) 589-7277</p>
<p>NEW ORLEANS OFFICE Ninth Floor Hale Boggs Federal Building 500 Poydras Street New Orleans, LA 70130-3099 (504) 589-7236 TTY Number: (504) 589-7279</p>	<p><u>HUD - KANSAS CITY HUB</u></p> <p>DES MOINES OFFICE Room 239 Federal Building 210 Walnut Street Des Moines, IA 50309-2155 (515) 284-4583 TTY Number: (515) 284-4728</p>
<p>FT. WORTH OFFICE 801 Cherry Street P.O. Box 2905 Fort Worth, TX 76113-2905 (817) 978-5764 TTY Number: (817) 978-5595</p>	<p>KANSAS CITY OFFICE Room 200 Gateway Tower II 400 State Avenue Kansas City, KS 66101-2406 (913) 551-6844 TTY Number: (913) 551-6972</p>
<p>HOUSTON OFFICE 1301 Fannin, Suite 2200 Houston, TX 77002-4096 (713) 718-3167 TTY Number: (713) 718-3289</p>	<p>OMAHA OFFICE Executive Tower Centre 10909 Mill Valley Road, Suite 100 Omaha, NE 68154-3955 (402) 492-3113 TTY Number: (402) 492-3183</p>
<p>SAN ANTONIO OFFICE 106 South St. Mary's, Suite 405 San Antonio, TX 78205-4563 (210) 475-6831 TTY Number: (210) 475-6885</p>	<p>ST. LOUIS OFFICE Third Floor Robert A. Young Federal Building 1222 Spruce Street, Room 3.207 St. Louis, MO 63103-2836 (314) 539-6734 TTY Number: (314) 539-6331</p>

<p><u>HUD – KANSAS CITY HUB (cont'd)</u></p> <p>OKLAHOMA CITY OFFICE 301 N.W. 6th, Suite 200 Oklahoma City, OK 73102 (405) 609-8410 TTY Number: 405-609-8480</p>	<p><u>HUD - SAN FRANCISCO HUB (cont'd)</u></p> <p>LAS VEGAS OFFICE 333 N. Rancho Drive Atrium Building Suite 700 Las Vegas, NV 89106-3714 (702) 388-6525 TTY Number: (702) 388-6246</p>
<p><u>HUD - DENVER HUB</u></p> <p>DENVER OFFICE UMB Bank Building, 23rd Floor 1670 Broadway Denver, CO 80202-3607 (303) 672-5343 TTY Number: (303) 672-5113</p>	<p>HONOLULU OFFICE 500 Ala Moana Boulevard, Suite 3A Honolulu, HI 96813 (808) 522-8185 TTY Number: (808) 522-8193</p>
<p><u>HUD - SAN FRANCISCO HUB</u></p> <p>PHOENIX OFFICE One North Central #600 Phoenix, AZ 85004 (602) 379-7158 TTY Number: (602) 379-4557</p>	<p><u>HUD - LOS ANGELES HUB</u></p> <p>LOS ANGELES OFFICE 611 West 6th Street, Suite 800 Los Angeles, CA 90017-3106 (213) 894-8000 TTY Number: (213) 894-8133</p>
<p>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) 436-6505 TTY Number: (415) 436-6594</p>	<p><u>HUD - SEATTLE HUB</u></p> <p>SEATTLE OFFICE 909 First Avenue, Suite 200 Seattle, WA 98104-5254 (206) 220-6420 TTY Number: (206) 220-5254</p>

OMB Approval Number 2502-0447
(exp. 01/31/2007)

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
OFFICE OF PUBLIC AND INDIAN HOUSING**

**Multifamily Housing
Service Coordinator
First-Time Funding Request**

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, 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. When providing comments, please refer to OMB Approval No. 2502-0447. 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 Service Coordinator 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).

Name and Address of Applicant/Owner:

1. Project Information: Please provide the information for every project included in your request, add more rows if needed.

a. Project Name and Address	b. Project Type (i.e. Sec. 202, 236, 221(d)(3)/BMR, or Sec. 8)	c. FHA or Project Number	d. Section 8 Number	e. # of Subsidized Rental Units

f. Resident Information	Number of Residents	% of Total Residents	g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.
Estimate # of Frail Elderly		0% %	Project Name(s) # of Hours per week
Estimate # of at Risk Elderly		0% %	
Estimate # Non-Elderly People w/ Disabilities Remaining Residents		0% %	
Total	0	100%	

h. Is there an SC currently working at this project? Yes No

2. Budget Information**

a. Personnel (Direct Labor/Salary) Identify Position - SC or Aide	Hours	Rate per Hour	Year 1	Year 2	Year 3	Tot 3-Year
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
Total Direct Labor Cost			0.00	0.00	0.00	0.00

b. Fringe Benefits	Rate (%)	Base	Year 1	Year 2	Year 3	Tot 3-Year
	0%		0.00			0.00
	0%		0.00			0.00
	0%		0.00			0.00
	0%		0.00			0.00
	0%		0.00			0.00
	0%		0.00			0.00
Total Fringe Benefits Cost			0.00	0.00	0.00	0.00
c. Quality Assurance/Program Evaluation (cap - 10% of line "a", Personnel)						
	Hours	Rate Per Hour	Year 1	Year 2	Year 3	Tot 3-Year
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
Total Quality Assurance			0.00	0.00	0.00	0.00
d. Training						
	Hours	Rate Per Hour	Year 1	Year 2	Year 3	Tot 3-Year
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
			0.00			0.00
Total Training			0.00	0.00	0.00	0.00
e. Travel (Indicate local private vehicle, (mileage and rate per mile) airfare (trips and fare), other (quantity and unit cost), per diem (days and rate per day).						
			Year 1	Year 2	Year 3	Tot 3-Year
						0.00
						0.00
						0.00
						0.00
Total Travel			0.00	0.00	0.00	0.00
f. Supplies and Materials						
	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
			0.00			0.00
			0.00			0.00
			0.00			0.00
Total Supplies and Materials			0.00	0.00	0.00	0.00

g. Start-up Costs	Quantity	Unit Cost	Year 1			Year 2			Year 3			Tot 3-Year
1. Creating Private Office Space			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
Subtotal for Private Office Space			0.00									0.00
2. Office Furniture/Equipment			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
Subtotal Cost of Furniture/Equipment			0.00									0.00
Total Start-Up Costs			0.00									0.00
h. Other Direct Costs			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
Total Other Direct Costs			0.00									0.00
Subtotal of Direct Costs			0.00									0.00
i. Indirect Costs			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
			0.00									0.00
Total Indirect Costs			0.00									0.00
Total Estimated Costs			0.00									0.00

** Please note: You may increase costs from year to year by no more than 5%.

k. Contracts: If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost.

i. Quality Assurance is _____ % of line a, "Personnel (Direct Labor)". (Cannot exceed 10%.)

3. Funding Sources and Time Periods (Indicate all that apply.)

Grant	\$ Amount	# of Years	# of Months	
Section 8 Operating Funds (i.e. Budget-based)	\$ Amount	# of Years	# of Months	From Date To Date
Residual Receipts	\$ Amount	# of Years	# of Months	From Date To Date
Excess Income	\$ Amount	# of Years	# of Months	From Date To Date

Signature: _____ Date: _____

Contact Name: _____ Phone #: _____ Email: _____

Project Information: Please provide the information for every project included in your request; add more rows if needed.

2. a. Project Name and Address		b. Project Type (i.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8)		c. FHA or Project Number		d. Section 8 Number		e. # of Subsidized Rental Units	
f. Resident Information		Number of Residents		% of Total Residents		g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.			
Estimate # of Frail Elderly		_____		0%		Project Name(s)			
Estimate # of at Risk Elderly		_____		0%		_____			
Estimate # Non-Elderly People w/ Disabilities Remaining Residents		_____		0%		_____			
Total		0		100%		_____			
h. Is there an SC currently working at this project? Yes _____ No _____									
If yes: 1. How many hours per week does the Service Coordinator currently work? _____									
2. How many hours per week do you want to add to your program? _____									
3. Will you extend current employees hours or hire additional staff? _____									

Project Information:

3. a. Project Name and Address		b. Project Type (i.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8)		c. FHA or Project Number		d. Section 8 Number		e. # of Subsidized Rental Units	
f. Resident Information		Number of Residents		% of Total Residents		g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.			
Estimate # of Frail Elderly		_____		0%		Project Name(s)			
Estimate # of at Risk Elderly		_____		0%		_____			
Estimate # Non-Elderly People w/ Disabilities Remaining Residents		_____		0%		_____			
Total		0		100%		_____			

h. Is there an SC currently working at this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		3. Will you extend current employees hours or hire additional staff?	
If yes: 1. How many hours per week does the Service Coordinator currently work?		2. How many hours per week do you want to add to your program?	
Project Information:			
4. a. Project Name and Address		b. Project Type (i.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8)	c. FHA or Project Number
d. Section 8 Number		e. # of Subsidized Rental Units	
f. Resident Information		g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.	
Estimate # of Frail Elderly		Project Name(s)	
Estimate # of at Risk Elderly		# of Hours per week	
Estimate # Non-Elderly People w/ Disabilities Remaining Residents		# of Hours per week	
Total		# of Hours per week	
0.00		100%	
h. Is there an SC currently working at this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		3. Will you extend current employees hours or hire additional staff?	
If yes: 1. How many hours per week does the Service Coordinator currently work?		2. How many hours per week do you want to add to your program?	
Project Information:			
5. a. Project Name and Address		b. Project Type (i.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8)	c. FHA or Project Number
d. Section 8 Number		e. # of Subsidized Rental Units	
f. Resident Information		g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.	
Estimate # of Frail Elderly		Project Name(s)	
Estimate # of at Risk Elderly		# of Hours per week	
Estimate # Non-Elderly People w/ Disabilities Remaining Residents		# of Hours per week	
Total		# of Hours per week	
0.00		100%	
h. Is there an SC currently working at this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		3. Will you extend current employees hours or hire additional staff?	
If yes: 1. How many hours per week does the Service Coordinator currently work?		2. How many hours per week do you want to add to your program?	

Instructions for completing the HUD-91186	
Section 2: Budget Information	
a. Personnel (Direct Labor)	This section should show the labor costs for The Service Coordinators and/or aides. Use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation). You may include payroll taxes here. Do not show fringe or other indirect costs in this section.
b. Fringe Benefits	Use the same standard fringe rate used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. Use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, use a different base and discuss how you calculate fringe as a comment.
c. Quality Assurance	Give the title of the professional (e.g. MSW) or agency who will be performing QA, the number of hours over the year you expect to use them, and their hourly rate. Quality Assurance is limited to program evaluation activities and cannot exceed 10% of line a, Personnel.
d. Training	Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the anticipated cost.
e. Travel	Provide mileage and cost estimates for use of private vehicles or public transportation; show the estimated cost of airfare required to attend training programs, and list necessary per diem rates in accordance with your organization's policies. Give travel destinations if known.
f. Supplies and Materials	List the supplies you propose to purchase. You can use an anticipated consumption rate to estimate the cost of office or other common supplies, (e.g. 1 box paper clips every 3 months). Include replacement of office equipment. List items individually along with the quantity and their anticipated cost.
g.1. Creating Private Office Space	List expenses associated with setting up a private office for the Service Coordinator. List each anticipated cost. You may incur These costs only during the first year of your program.
g.2. Office Furniture and Equipment	List start-up expenses related to furniture, computers, printers, and other office equipment. List the quantity and unit cost.
Total Start-Up Costs	Sum of lines g.1 and g.2.
h. Other Direct Costs	Include costs such as telephone and Internet Service, printing, postage, and maintenance of office equipment, when such costs are attributable to the SC program only.
i. Indirect Costs	OMB Circular A87 defines indirect costs as those that have been incurred by multiple programs for common or joint purposes. Indirect costs are associated with the centralized services distributed throughout your agency and cannot be readily identified with one particular program. Additionally, the costs should not be otherwise treated as direct costs. If your organization already has an established indirect cost rate, use this rate and explain how it is calculated.
j. Grand Total	Sum lines "a" through "i" for each year. Then add the annual totals together to get to the total 3-year amount. You may increase costs from year to year by no more than 5%.
k. Contracts (Sub-Grantees)	If you will contract with a public or private agency to provide the Service Coordinator or Quality Assurance, list the activities and costs included in the contract in this section.

i. Quality Assurance Percent of line a, Personnel	Quality Assurance costs cannot exceed 10% of your total Personnel/Direct labor cost. Calculate your percentage and include on this line, to ensure you are within the 10% cap.
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Section 3: Funding Sources and Time Periods

Housing owners can use any of the four funding sources to pay the costs of a Service Coordinator program. You may use these resources individually or in combination with each other. Indicate which funding sources you propose to use, by giving the dollar amount, the number of years and months during which you will use the funds, and the dates of the time period, if known (e.g. from May 1, 2004 to April 30, 2005).

Previous Participation Certification

U.S. Department of Housing and Urban Development

Office of Housing/Federal Housing Commissioner

U.S. Department of Agriculture Farmers Home Administration

OMB Approval No. 2502-0118 (exp. 7/31/2006)

Part I To be completed by Principals of Multifamily Projects. See Instructions Reason for Submitting Certification

1. Agency Name and City where the application is filed
2. Project Name, Project Number, City and Zip Code contained in the application
3. Loan or Contract Amount
4. Number of Units or Beds
5. Section of Act
6. Type of Project (check one) Existing Rehabilitation Proposed (New)

List of All Proposed Principal Participants

7. Names and Addresses of All Known Principals and Affiliates (people, businesses & organizations) proposing to participate in the project described above. (list names alphabetically, last, first, middle initial)

Table with 10 columns: Name, Address, Role of Each Principal, Expected % Ownership Interest, Social Security or IRS Employer Number, etc.

Certifications: I (meaning the individual who signs as well as the corporations, partnerships or other parties listed above who certify) hereby apply to HUD or USDA-FmHA, as the case may be, for approval to participate as a principal in the role and project listed above based upon my following previous participation record and this Certification. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in Schedule A and Exhibits signed by me and attached to this form. 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) I further certify that: 1. Schedule A contains a listing of every assisted or insured project of HUD, USDA-FmHA and State and local government housing finance agencies in which I have been or am now a principal.

2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certification. a. No mortgage on a project listed by me has ever been in default, assigned to the Government or foreclosed, nor has mortgage relief by the mortgagee been given; b. I have not experienced defaults or noncompliances under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project. c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD audits, management reviews or other Governmental investigations concerning me or my projects; d. There has not been a suspension or termination of payments under any HUD assistance contract in which I have had a legal or beneficial interest; e. I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony.

(A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less); f. I have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency. g. I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond. 3. All the names of the parties, known to me to be principals in this project(s) in which I propose to participate, are listed above. 4. I am not a HUD/FmHA employee or a member of HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part O and

USDA's Standard of Conduct in 7 C.F.R. Part O Subpart B. 5. I am not a principal participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification have not been filed with HUD or FmHA. 6. To my knowledge I have not been found by HUD or FmHA to be in noncompliance with any applicable civil rights laws. 7. I am not a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America. 8. Statements above (if any) to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances which I think helps to qualify me as a responsible principal for participation in this project.

Signature of Principal, Typed or Printed Name of Principal, Certification Date (mm/dd/yyyy), Area Code and Telephone No.

Schedule A: List of Previous Projects and Section 8 Contracts. By my name below is the complete list of my previous projects and my participation history as a principal in Multifamily Housing programs of HUD/FmHA, State, and Local Housing Finance Agencies. **Note:** Read and follow the instruction sheet carefully. Abbreviate where possible. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If you have no previous projects write, by your name, "No previous participation, First Experience."

1. List each Principal's Name (list in alphabetical order, last name first)	2. List Previous Projects (give the I.D. number, project name, city location, & government agency involved if other than HUD)	3. List Principals' Role(s) (indicate dates participated, and if fee or identity of interest participant)	4. Status of Loan (current, defaulted, assigned, or foreclosed)	5. Was Project ever in Default, during your participation? Yes <input type="checkbox"/> No <input type="checkbox"/> if "Yes," explain	6. Last Mgmt. and/or Physical Inspect Rating

Part II - For HUD Internal Processing Only

Received and checked by me for accuracy and completeness; recommend approval or referral to Headquarters as checked below:

Date (mm/dd/yyyy) Telephone Number and Area Code A. No adverse information; form HUD-2530 approval is recommended. C. Disclosure or Certification problem

Staff Processing and Control B. Name match in system D. Other, our memorandum is attached.

Supervisor Director of Housing / Director, Multifamily Division Approved Yes No Date (mm/dd/yyyy)

Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of those regulations published at 24 C.F.R. 200.210 to 200.245 can be obtained from the Multifamily Housing Representative at any HUD Office. Type or print neatly in ink when filling out this form. Mark answers in all blocks of the form. If the form is not filled completely, it will delay approval of your application.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. If you have many projects to list (20 or more) and expect to be applying frequently for participation in HUD projects, you should consider filing a Master List. See Master List instructions below under "Instructions for Completing Schedule A."

Carefully read the certification before you sign it. Any questions regarding the form or how to complete it can be answered by your HUD Office Multifamily Housing Representative.

Purpose: This form provides HUD with a certified report of all previous participation in HUD multifamily housing projects by those parties making application. The information requested in this form is used by HUD to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify your record of previous participation in HUD/USDA-FmHA, State and Local Housing Finance Agency projects by completing and signing this form, before your project application or participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

Who Must Sign and File Form HUD-2530: Form HUD-2530 must be completed and signed by all parties applying to become principal participants in HUD multifamily housing projects, including those who have no previous participation. The form must be signed and filed by all principals and their affiliates who propose participating in the HUD project. Use a separate form for each role in the project unless there is an identity of interest.

Principals include all individuals, joint ventures, partnerships, corporations, trusts, non-profit organizations, any other public or private entity, that will participate in the proposed project as a sponsor, owner, prime contractor, turnkey developer, managing agent, nursing home administrator or operator, packager, or consultant. Architects and attorneys who have any interest in the project other than an arms length fee arrangement for professional services are also considered principals by HUD.

In the case of partnerships, all general partners regardless of their percentage interest and limited partners having a 25 percent or more interest in the partnership are considered principals. In the case of public or private corporations or governmental entities, principals include the president, vice president, secretary, treasurer and all other executive officers who are directly responsible to the board of directors, or any equivalent governing body, as well as all directors and each stockholder having a 10 percent or more interest in the corporation.

Affiliates are defined as any person or business concern that directly or indirectly controls the policy of a principal or has the power to do so. A holding or parent corporation would be an example of an affiliate if one of its subsidiaries is a principal.

Exception for Corporations - All principals and affiliates must personally sign the certificate except in the following situation. When a corporation is a principal, all of its officers, directors, trustees and stockholders with 10 percent or more of the common (voting) stock need not sign personally if they all have the same record to report. The officer who is authorized to sign for the corporation or agency will list the names and title of those who elect not to sign. However, any person who has a record of participation in HUD projects that is separate from that of his or her organization must report that activity on this form and sign his or her name. The objective is full disclosure.

Exemptions - The names of the following parties do not need to be listed on form HUD-2530: Public Housing Agencies, tenants, owners of less than five condominium or cooperative units and all others whose interests were acquired by inheritance or court order.

Where and When Form HUD-2530 Must Be Filed: The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects, or when otherwise required in the situations listed below:

- Projects to be financed with mortgages insured under the National Housing Act (FHA).
- Projects to be financed according to Section 202 of the Housing Act of 1959 (Elderly and Handicapped).
- Projects in which 20 percent or more of the units are to receive a subsidy as described in 24 C.F.R. 200.213.
- Purchase of a project subject to a mortgage insured or held by the Secretary of HUD.
- Purchase of a Secretary-owned project.
- Proposed substitution or addition of a principal, or principal participation in a different capacity from that previously approved for the same project.
- Proposed acquisition by an existing limited partner of an additional interest in a project resulting in a total interest of 25 percent or more, or proposed acquisition by a corporate stockholder of an additional interest in a project resulting in a total interest of 10 percent or more.

• Projects with U.S.D.A., Farmers Home Administration, or with state or local government housing finance agencies that include rental assistance under Section 8 of the Housing Act of 1937. For projects of this type, form HUD-2530 should be filed with the appropriate applications directly to those agencies.

Review of Adverse Determination: If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration by the HUD Review Committee. Alternatively, you may request a hearing before a Hearing Officer. Either request must be made in writing within 30 days from your receipt of the notice of determination.

If you do request reconsideration by the Review Committee and the reconsideration results in an adverse determination, you may then request a hearing before a Hearing Officer. The Hearing Officer will issue a report to the Review Committee. You will be notified of the final ruling by certified mail.

Specific Line Instructions:

Reason for submitting this Certification: e.g., refinancing, management, change in ownership, transfer of physical assets, etc.

Block 1: Fill in the name of the agency to which you are applying. For example: HUD Office, Farmers Home Administration District Office, or the name of a State or local housing finance agency. Below that, fill in the name of the city where the office is located.

Block 2: Fill in the name of the project, such as "Greenwood Apts." If the name has not yet been selected, write "Name unknown." Below that, enter the HUD contract or project identification number, the Farmers Home Administration project number, or the State or local housing finance agency project or contract number. Include all project or contract identification numbers that are relevant to the project. Also enter the name of the city in which the project is located, and the ZIP Code of the site location.

Block 3: Fill in the dollar amount requested in the proposed mortgage, or the annual amount of rental assistance requested.

Block 4: Fill in the number of apartment units proposed, such as "40 units." For hospital projects or nursing homes, fill in the number of beds proposed, such as "100 beds."

Block 5: Fill in the section of the Housing Act under which the application is filed.

Block 7: Definitions of all those who are considered principals and affiliates are given above in the section titled "Who Must Sign and File..."

Block 8: Beside the name of each principal, fill in the role that each will perform. The following are possible roles that the principals may perform: Sponsor, Owner, Prime Contractor, Turnkey Developer, Managing Agent, Packager, Consultant, General Partner, Limited Partner (include percentage), Executive Officer, Director, Trustee, Major Stockholder, or Nursing Home Administrator. Beside the name of each affiliate, write the name of the person or firm of affiliation, such as "Affiliate of Smith Construction Co."

Block 9: Fill in the percentage of ownership in the proposed project that each principal is expected to have. Also specify if the participant is a general or limited partner. Beside the name of those parties who will not be owners, write "None."

Block 10: Fill in the Social Security Number or IFS employer number of every party listed, including affiliates.

Instructions for Completing Schedule A:
Be sure that Schedule A is filled-in completely, accurately and the certification is properly dated and signed, because it will serve as a legal record of your previous experience. All Multifamily Housing projects involving HUD/FmHA, and State and local Housing Finance Agencies in which you have previously participated **must** be listed. Applicants are reminded that previous participation pertains to the individual principal within an entity as well as the entity itself. A newly formed company may not have previous participation, but the principals within the company may have had extensive participation and disclosure of that activity is required. To avoid duplication of disclosure, list the project and then the entities or individuals involved in that project. You may use the name or a number code to denote the entity or individual that participated. The number code can then be used in column 3 to denote role.

Column 2 List the project or contract identification of each previous project. **All previous projects must be included or your certification cannot be processed.** Include the name of all projects, the cities in which they are located and the government agency (HUD, USDA-FmHA or State or local housing finance agency) that was involved. At the end of your list of projects, draw a straight line across the page to separate your record of projects from that of others signing this form who have a different record to report.

Column 3 List the role(s) of your participation, dates participated, and if fee or identity of interest with owners.

Column 4 Indicate the current status of the loan. Except for current loans, the date associated with the status is required. Loans under a workout arrangement are considered assigned. An explanation of the circumstances surrounding the status is required for all non-current loans.

Column 5 Explain any project defaults during your participation.

Column 6 Enter the latest Management and/or Physical Inspection Review rating. If either of the ratings are below average, the report issued by HUD is required to be submitted along with the applicant's explanation of the circumstances surrounding the rating.

No Previous Record: Even if you have never participated in a HUD project before, you must complete form HUD-2530. If you have no record of previous projects to list, fill in your name in column 1 of Schedule A, and write across the form by your name - "No previous participation, first experience."

Master List System: If you expect to file this form frequently and you have a long list of previous projects to report on Schedule A, you should consider filing a Master List. By doing so, you will avoid having to list all your previous projects each time you file a new application.

To make a Master List, use form HUD-2530. On page 1, in block 1, enter (in capital letters) the words "Master List." In blocks 2 through 6 enter in "N.A." meaning Not Applicable. Complete blocks 7 through 10.

In the box below the statement of certification, fill in the names of all parties who wish to file a Master List together (type or print neatly). Beside each name, every party must sign the form. In the box titled "Proposed Role," fill in "N.A." Also, fill in the date you sign the form.

and provide a telephone number where you can be reached during the day. No Determinations will be made on these certificates.

File one copy of the Master List with each HUD Office where you do business and mail one copy to the following address:

HUD-2530 Master List
Participation and Compliance
Division - Housing
U.S. Department of Housing and
Urban Development
451 Seventh Street, S.W.
Washington, D.C. 20410

Once you have filed a Master List, you do not need to complete Schedule A when you submit form HUD-2530. Instead, write the name of the participant in column 1 of Schedule A and beside that write "See Master List on file." Also give the date that appears on the Master List that you submitted. Below that, report all changes and additions that have occurred since that date. Be sure to include any mortgage defaults, assignments or foreclosures not listed previously.

If you have withdrawn from a project since the date the Master List was filed, be sure to name the project. Give the project identification number, the month and year your participation began and/or ended.

Certification:

After you have completed all other parts of form HUD-2530, including Schedule A, read the Certification carefully. In the box below the Certification, fill in the name of all principals and affiliates (type or print neatly). Beside the name of each principal and affiliate, each party must sign the form, with the exception in some cases of individuals associated with a corporation (see "Exception for Corporations" in the section of the instructions titled "Who Must Sign and File form

HUD-2530"). Beside each signature, fill in the role of each party (the same as shown in block 8). In addition, each person who signs the form should fill in the date that he or she signs, as well as providing a telephone number where he or she can be reached during business hours. By providing a telephone number where you can be reached, you will help to prevent any possible delay caused by mailing and processing time in the event HUD has any questions.

If you cannot certify and sign the certification as it is printed because some statements do not correctly describe your record, use a pen and strike through those parts that differ with your record, then sign and certify to that remaining part which does describe you or your record.

Attach a signed letter, note or an explanation of the items you have struck out on the certification and report the facts of your correct record. Item A(2)(e) relates to felony convictions within the past 10 years. If you have been convicted of a felony within 10 years, strike out all of A(2)(e) on the certification and attach your statement giving your explanation. A felony conviction will not necessarily cause your participation to be disapproved unless there is a criminal record or other evidence that your previous conduct or method of doing business has been such that your participation in the project would make it an unacceptable risk from the underwriting standpoint of an insurer, lender or governmental agency.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a principal may not participate in a proposed or existing multifamily project. HUD uses this information to evaluate whether or not principals pose an unsatisfactory underwriting risk. The information is used to evaluate the potential principals and approve only individuals and organizations who will honor their legal, financial and contractual obligations.

Privacy Act Statement: The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN.

Public reporting burden for this collection of information is estimated to average 1 hour 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 collect this information, unless it displays a currently valid OMB control number.

A response is mandatory. Failure to provide any of the information will result in your disapproval for participation in this HUD program.

Previous editions are obsolete

ref Handbook 4065.1 form HUD-2530 (5/2001)