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## **Appendix B**

### **Standard Forms**

The Standard Forms (SF), HUD standard forms, certifications, and assurances are:

- SF-424 Application for Federal Assistance;
- SF-424 Sup Survey on Ensuring Equal Opportunity for Applicants;
- Form HUD 424 CB Grant Application Detailed Budget;
- Form HUD-424 CBW Grant Application Detailed Budget Worksheet;
- SF-LLL Disclosure of Lobbying Activities;
- Form HUD-2880 Applicant/Recipient Disclosure/Update Report;
- Form HUD-2990 Certification of Consistency with RC/EZ/EC Strategic Plan if applicable;
- Form HUD-2991 Certification of Consistency with the Consolidated Plan if applicable;
- Form HUD-2993 Acknowledgment of Application Receipt;
- Form HUD-2994 Client Comments and Suggestions (Optional);
- Form HUD-96010 Program Outcome Logic Model
- Form HUD-27061 Race and Ethnic Data Reporting Form; and
- Form HUD 27300 America's Affordable Communities Initiative
- Form HUD 96011 Third Party Documentation Facsimile Transmittal

## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District </div> <div style="width: 45%;"> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization </div> </div>	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: <ul style="list-style-type: none"> <li>"New" means a new assistance award.</li> <li>"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>"Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:  <div style="display: flex; justify-content: space-between;"> A. Increase Award C. Increase Duration </div> </li> </ul>	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name:			Organizational Unit:		
			Department:		
Organizational DUNS:			Division:		
<b>Address:</b>			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
Street:			Prefix:		First Name:
City:			Middle Name		
County:			Last Name		
State:	Zip Code		Suffix:		
Country:			Email:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> □□-□□□□□□□□			Phone Number (give area code)		Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) □ □			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify)		
			<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): □□-□□□□			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):					
<b>13. PROPOSED PROJECT</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date:		Ending Date:		a. Applicant b. Project	
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$			DATE:	
c. State	\$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix		First Name		Middle Name	
Last Name				Suffix	
b. Title				c. Telephone Number (give area code)	
d. Signature of Authorized Representative				e. Date Signed	

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 EXP. 1/31/2006

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

- |  |  |
|--|--|
| <p>1. Does the applicant have 501(c)(3) status?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>   | <p>4. Is the applicant a faith-based/religious organization?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>  |
| <p>2. How many full-time equivalent employees does the applicant have? <i>(Check only one box.)</i></p> <p><input type="checkbox"/> 3 or Fewer                      <input type="checkbox"/> 15-50</p> <p><input type="checkbox"/> 4-5                                      <input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 6-14                                      <input type="checkbox"/> over 100</p>          | <p>5. Is the applicant a non-religious community-based organization?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>                                |
| <p>3. What is the size of the applicant's annual budget?</p> <p><i>(Check only one box.)</i></p> <p><input type="checkbox"/> Less Than \$150,000</p> <p><input type="checkbox"/> \$150,000 - \$299,999</p> <p><input type="checkbox"/> \$300,000 - \$499,999</p> <p><input type="checkbox"/> \$500,000 - \$999,999</p> <p><input type="checkbox"/> \$1,000,000 - \$4,999,999</p> <p><input type="checkbox"/> \$5,000,000 or more</p> | <p>6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> |
|  | <p>7. Has the applicant ever received a government grant or contract (Federal, State, or local)?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>    |
|  | <p>8. Is the applicant a local affiliate of a national organization?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>                                |

## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Housing and Urban Development, Office of Departmental Grants Management and Oversight, Room 3156, Washington, D.C. 20410.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to the address above.**

# **Grant Applications Detailed Budget**

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

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

Name of Project/Activity:	Functional Categories									Total
	Column 1 HUD Share	Column 2 Applicant Match	Column 3 Other HUD Funds	Column 4 Other Fed Share	Column 5 State Share	Column 6 Local/Tribal Share	Column 7 Other	Column 8 Program Income	Column 9	
a. Personnel (Direct Labor)	\$	\$	\$	\$	\$	\$	\$	\$	\$	0.00
b. Fringe Benefits										0.00
c. Travel										0.00
d. Equipment (only items > \$5,000 depreciated value)										0.00
e. Supplies (only items < \$5,000 depreciated Value)										0.00
f. Contractual										0.00
g. Construction										0.00
1. Administration and legal expenses										0.00
2. Land, structures, rights-of way, appraisals, etc.										0.00
3. Relocation expenses and payments										0.00
4. Architectural and engineering fees										0.00
5. Other architectural and engineering fees										0.00
6. Project inspection fees										0.00
7. Site work										0.00
8. Demolition and removal										0.00
9. Construction										0.00
10. Equipment										0.00
11. Contingencies										0.00
12. Miscellaneous										0.00
h. Other (Direct Costs)										0.00
i. Subtotal of Direct Costs										0.00
j. Indirect Costs (% Approved Indirect Cost Rate: %)										
Grand Total (Year: ):										0.00
Grand Total (All Years):										0.00

## Instructions for the HUD Grant Application Detailed Budget Form

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

OMB Approval No. 2577-0208  
(expires 03/31/2005)

Public reporting burden for this collection of information is estimated to average 3 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

### General Instructions

This form is designed so that an application can be made for any of HUD's grant programs. **Separate sheets must be used for each proposed program year and for a summary of all years.**

Check applicable program year or all years box at top of page to indicate which applies.

On the final sheet enter the **Grand Total** for all years in the applicable box at the bottom of the page. In preparing the budget, adhere to any existing HUD requirements which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, HUD may require budgets to be shown separately by function or activity. Your budget information should show the entire cost of your proposed program of activities per year. If you are not using funds in any of the line item categories, you should leave the item blank. Pages may be duplicated to show budget data for individual programs, projects or activities.

**NOTE:** Not all budget categories on this form are eligible for funding under all programs. Please see eligible activities under the specific program for which you are seeking funding.

### Budget Categories

The budget categories identifies how your program funds will be allocated by type of use, e.g., funds going for salaries, travel, contracts, etc. Each of these line items should be broken out under each applicable column.

Lines a-4--Show the totals of Lines a to f in each column.

Lines g--Show construction related expenses in the appropriate categories below.

Line g.1--Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government.

Line g.2--Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line g.3--Enter estimated costs related to relocation advisory assistance,

replacement housing, relocation payments to displaced persons and businesses, etc.

Line g.4--Enter estimated basic engineering fees related to construction

(this includes start-up services and preparation of project performance work plan).

Line g.5--Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line g.6--Enter estimated engineering inspection costs.

Line g.7--Enter the estimated site preparation and restoration which are not

included in the basic construction contract.

Line g.8--Enter the estimated costs related to demolition activities.

Line g.9--Enter estimated costs of the construction contract.

Line g.10--Enter estimated cost of office, shop, laboratory, safety equipment,

etc. to be used at the facility, if such costs are not included in the construction contract.

Line g.11--Enter any estimated contingency costs.

Line g.12--Enter estimated miscellaneous costs.

Line h--Enter any other direct costs not already addressed above.

Line i--Calculate the totals of all applicable columns to determine the Subtotal of

Direct Costs.

Line j--Indicate the approved Indirect Cost Rate (if any) and calculate the indirect cost in accordance with the terms of your approved indirect cost rate and enter the resulting amount.

**Grand Total (Year: )**--Enter the sum of lines i. and j. under column 9 for each year, and enter the applicable year, in the blank, for each sheet completed.

**Grand Total (All Years)**--Enter the sum of all the, "Grand Total (Year: )" amounts from each sheet completed, under column 9, for all proposed years.

For each budget category (personnel, fringe benefits, travel, etc) you should identify the amount of funding you plan on using in your grant program. You should complete each column as follows:

**Column 1** - Identify the amount of funds that you will need from the HUD grant program for which you are seeking funding.

**Column 2** - Identify any matching funds that you are required to include in your proposed program in order to be eligible for assistance.

**Column 3** - Identify any other HUD funds that you will be adding to this program either through your formula or competitive grant programs.

**Column 4** - Identify any other Federal funds that you will be adding to this program either through your formula or competitive grant programs.

**Column 5** - Identify any State funds that you will be adding to this program.

**Column 6** - Identify any Local or Tribal Government funds that you will be adding to this program.

**Column 7** - Identify any additional funds not previously identified in Columns 1 - 6, that you intend to use for your proposed program.

**Column 8** - Identify any program income that you expect to generate under this program.

**Column 9** - Add columns 1 - 8 across and place the total in Column 9.

Save Data

Grant Application Detailed Budget Worksheet											
OMB Approval No. 2501-0017 (Exp. 03/31/2005)											
Name and Address of Applicant:											
Detailed Description of Budget (for full grant period)											
Category	Estimated Hours	Rate per Hour	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
<b>1. Personnel (Direct Labor)</b>											
Position or Individual			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	0.00	0.00	0.00	0.00	0.00
<b>2. Fringe Benefits</b>											
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Total Fringe Benefits Cost			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>3. Travel</b>											
<b>3a. Transportation - Local Private Vehicle</b>											
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Trans - Local Private Vehicle			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

form HUD-424-CBW (2/2003)



## Grant Application Detailed Budget Worksheet

Detailed Description of Budget										
3b. Transportation - Airfare (show destination)	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other
			0.00							
			0.00							
			0.00							
			0.00							
			0.00							
			0.00							
Subtotal - Transportation - Airfare			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3c. Transportation - Other	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other
			0.00							
			0.00							
			0.00							
			0.00							
			0.00							
			0.00							
Subtotal - Transportation - Other			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3d. Per Diem or Subsistence (indicate location)	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other
			0.00							
			0.00							
			0.00							
			0.00							
			0.00							
Subtotal - Per Diem or Subsistence			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Travel Cost			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Equipment (Only items over \$5,000 Depreciated value)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other
			0.00							
			0.00							
			0.00							
			0.00							
Total Equipment Cost			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

form HUD-424-CBW (2/2003)

## Grant Application Detailed Budget Worksheet

Detailed Description of Budget											
5. Supplies and Materials (Items under \$5,000 Depreciated Value)											
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
5a. Consumable Supplies			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Consumable Supplies			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5b. Non-Consumable Materials			0.00	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Non-Consumable Materials			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Supplies and Materials Cost			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Consultants (Type)	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Total Consultants Cost			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Contracts and Sub-Grantees (List individually)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Total Subcontracts Cost			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

form HUD-424-CBW (2/2003)

## Grant Application Detailed Budget Worksheet

Detailed Description of Budget											
8. Construction Costs											
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
<b>8a. Administrative and legal expenses</b>			0.00								
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Administrative and legal expenses			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8b. Land, structures, rights-of way, appraisal, etc</b>			Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
Subtotal - Land, structures, rights-of way, ...			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8c. Relocation expenses and payments</b>			Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Relocation expenses and payments			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8d. Architectural and engineering fees</b>			Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Architectural and engineering fees			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8e. Other architectural and engineering fees</b>			Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
			0.00								
			0.00								
			0.00								
			0.00								
Subtotal - Other architectural and engineering fees			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00

form HUD-424-CBW (2/2003)

## Grant Application Detailed Budget Worksheet

	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
<b>8f. Project inspection fees</b>			0.00								
			0.00								
			0.00								
Subtotal - Project inspection fees			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8g. Site work</b>											
			0.00								
			0.00								
Subtotal - Site work			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8h. Demolition and removal</b>											
			0.00								
			0.00								
Subtotal - Demolition and removal			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8i. Construction</b>											
			0.00								
			0.00								
Subtotal - Construction			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8j. Equipment</b>											
			0.00								
			0.00								
Subtotal - Equipment			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8k. Contingencies</b>											
			0.00								
			0.00								
Subtotal - Contingencies			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>8l. Miscellaneous</b>											
			0.00								
			0.00								
Subtotal - Miscellaneous			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
<b>Total Construction Costs</b>			0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00

form HUD-424-CBW (2/2003)



OMB Approval No. 2501-0017

(Exp. 03/31/2005)

**Grant Application Detailed Budget Worksheet**

<b>Detailed Description of Budget</b>		<b>Estimated Cost</b>	<b>Percent of Total</b>
<b>Analysis of Total Estimated Costs</b>			
1	Personnel (Direct Labor)	0.00	0.00%
2	Fringe Benefits	0.00	0.00%
3	Travel	0.00	0.00%
4	Equipment	0.00	0.00%
5	Supplies and Materials	0.00	0.00%
6	Consultants	0.00	0.00%
7	Contracts and Sub-Grantees	0.00	0.00%
8	Construction	0.00	0.00%
9	Other Direct Costs	0.00	0.00%
10	Indirect Costs	0.00	0.00%
	<b>Total:</b>	0.00	100.00%
	<b>HUD Share:</b>	0.00	100.00%
	<b>Match (Expressed as a percentage of the Federal Share):</b>	0.00	0.00%

form HUD-424-CBW (2/2003)

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known: _____		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): _____			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): _____		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



**Applicant/Recipient  
Disclosure/Update Report****U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2510-0011 (exp. 08/31/2006)

**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).<br><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<br><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)
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**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 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 RC/EZ/EC-IIs  
Strategic Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in this application are consistent with the strategic plan of a federally-designated empowerment zone (EZs), renewal community (RCs), or enterprise community (ECs); designated by the United States Department of Agriculture (USDA) in round II (EC-IIs).

(Type or clearly print the following information)

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

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

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

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-IIs or strategic planning communities that are intended to serve the RC/EZ/EC-IIs strategic planning community residents, or renewal community. (2 points)

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

Title \_\_\_\_\_

Signature \_\_\_\_\_

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

**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

Previous versions obsolete

form **HUD-2994** (03/2003)

**Logic Model**

**U.S. Department of Housing  
and Urban Development  
Office of Departmental Grants Management and Oversight**

OMB Approval No. 2535-0114  
(exp. 12/31/2006)

<b>Program Name:</b> _____		<b>Component Name:</b> _____							
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
1		2	3	Output Goal	Output Result	Achievement Outcome Goals	End Results	8	9
<b>Policy</b>		<b>Planning</b>		<b>Intervention</b>		<b>Impact</b>		<b>Accountability</b>	
				<u>Short Term</u>				a. b. c. d. e.	
				<u>Intermediate Term</u>				a. b. c. d. e.	
				<u>Long Term</u>				a. b. c. d. e.	

form HUD-96010 (2/2005)



**Logic Model Instructions** U.S. Department of Housing  
And Urban Development  
Office of Departmental Grants  
Management and Oversight

OMB Approval No. 2535-0114  
(exp. 12/31/2006)

The public reporting burden for this collection of information for the Logic Model is estimated to average 18 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. 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. 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. 2535-0114.

The information submitted in response to the Notice of Funding Availability for the Logic Model 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).

**Instructions:**

Responses to rating factor five should be in this format. Your response should be in bullet format rather than narrative. Please read each NOFA carefully to ensure the performance measures requested for this factor are reflected on the logic model form.

**Program Name:** The HUD funding program under which you are applying. If you are applying for a component of a program please include the Program Name as well as the Component Name.

**Component Name:** The HUD funding program under which you are applying.

**Column 1: HUD's Strategic Goals:** Indicate in this column **the number** of the goal(s) that your proposed service or activity is designed to achieve. HUD's strategic goals are:

1. Increase homeownership opportunities.
2. Promote decent affordable housing.
3. Strengthen communities.
4. Ensure equal opportunity in housing.
5. Embrace high standards of ethics, management, and accountability.
6. Promote participation of grass-roots faith-based and other community-based organizations.

**Policy Priority:** Indicate in this column **the number** of the HUD Policy Priority(ies), if any, your proposed service or activity promotes. Applicants are encouraged to undertake specific activities that will assist the Department in implementing its Policy Priorities. HUD's Policy Priorities are:

1. Provide Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.
2. Improving our Nation's Communities.
3. Encouraging Accessible Design Features.
4. Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organization in HUD Program Implementation.
5. Participation of Minority-Serving Institutions in HUD Programs
6. Ending Chronic Homelessness
7. Removal of Barriers to Affordable Housing
8. Participation in Energy Star

**Column 2: Problem, Need, or Situation:** Provide a general statement of need that provides the rationale for the proposed service or activity.

**Column 3: Service or Activity:** Identify the activities or services that you are undertaking in your work plan, which are crucial to the success of your program. Not every activity or service yields a direct outcome.

**Column 4 and Column 5: Benchmarks:** These columns ask you to identify benchmarks that will be used in measuring the progress of your services or activities. **Column 4** asks for specific interim or final products (called outputs) that you establish for your program's services or activities. **Column 5** should identify the results associated with the product or output. These may be numerical measures characterizing the results of a program activity, service or intervention and are used to measure performance. These outputs should lead to targets for achievement of outcomes. Results should be represented by both the actual # and % of the goal achieved.

**Column 4: Benchmarks/Output Goal:** Set quantifiable output goals, including timeframes. These should be products or interim products, which will allow you and HUD to monitor and assess your progress in achieving your program workplan.

**Column 5: Benchmark/ Output Result:** Report actual result of your benchmarks. The actual result could be number of housing units developed or rehabilitated, jobs created, or number of persons assisted. Outputs may be short, intermediate or long-term. *(Do not fill out this section with the application)*

**Column 6 and Column 7: Outcomes:** **Column 6** and **Column 7** ask you to report on your expected and actual outcomes – the ultimate impact you hope to achieve. **Column 6** asks you to identify outcomes in terms of the impact on the community, people's lives, changes in economic or social status, etc. **Column 7** asks for the actual result of the outcome measure listed in Column 6, which should be updated as applicable.

**Column 6: Outcomes/ Goals:** Identify the outcomes that resulted in broader impacts for individuals, families/households, and/or the community. For example, the program may seek to improve the environmental conditions in a neighborhood, increase affordable housing, increase the assets of a low-income family, or improve self-sufficiency.

**Proxy Outcome(s):** Often direct measurement of the intended outcome is difficult or even impossible -- to measure. In these cases, applicants/grantees should use a proxy or surrogate measure that corresponds with the desired outcome. For example, improving quality of life in a neighborhood could be measured by a proxy indicator such as increases in home prices or decreases in crime. Training programs could be measured by the participant's increased wages or reading skills. The person receiving the service must meet eligibility requirements of the program.

**Column 7: Outcomes/Actual Result:** Identify specific achievements of outcomes listed in Column 6. *(Do not fill out this section with the application)*

**Column 8: Measurement Reporting Tools:** (a) List the tools used to track output or outcome information (e.g., survey instrument; attendance log; case report; pre-post test; waiting list; etc); (b) Identify the place where data is maintained, e.g. central database; individual case records; specialized access database, tax assessor database; local precinct; other; (c) Identify the location, e.g. on-site; subcontractor; other; (d) Indicate how often data is required to be collected, who will collect it and how often data is reported to HUD; and (e) Describe methods for retrieving data, e.g. data from case records is retrieved manually, data is maintained in an automated database. This tool will be available for HUD review and monitoring and should be used in submitting reporting information.

**Column 9: Evaluation Process:** Identify the methodology you will periodically use to assess your success in meeting your benchmark output goals and output results, outcomes associated to the achievement of the purposes of the program, as well as the impact that the work has made on the individuals assisted, the community, and the strategic goals of the Department. If you are not meeting the goals and results projected for your performance period, the evaluation process should be used as a tool to ensure that you can adjust schedules, timing, or business practices to ensure that goals are met within your performance period.

**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of AdministrationOMB Approval No. 2535-0113  
(exp. 10/31/2006)

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

Grantee/Recipient Name: \_\_\_\_\_

Grantee Reporting Organization: \_\_\_\_\_

Reporting Period From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
<b>Total:</b>	0	0
* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."		

Public reporting burden for this collection is estimated to average 1.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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**Instructions for the Race and Ethnic Data Reporting form (HUD-27061)**

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**A. General Instructions:**

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve, or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal to be achieved is the provision of the summary racial and ethnic data of the population(s) proposed to be served or that is being served by your organization in a consistent manner across all HUD programs.

**B. Specific Instructions for Completing the Form:**

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

**Total Number of Racial Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

**Total Number of Hispanic or Latino Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a “yes” or “no” response.

**Other Multiple Race Combinations:** Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit one of the five single race categories or four double race combinations above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial combination, including the actual count, the percentage of the total population (in parenthesis), and the actual Hispanic or Latino count.

For example, if you obtain data that indicates that the total population being served is 200 and includes 10 Native Hawaiian or Other Pacific Islander *and* White and 12 Native Hawaiian or Other Pacific Islander *and* Asian, and those numbers (of Native Hawaiian or Other Pacific Islander *and* White and Native Hawaiian or Other Pacific Islander *and* Asian) each equates to more than one percent of the total population being served, and 2 of the Native Hawaiian or Other Pacific Islander *and* White indicate they belong to the Hispanic/Latino ethnic category and 3 of the Native Hawaiian or Other Pacific Islander *and* Asian indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
* Other multiple race combinations: [Per the form instruction, write in a description using the box on the right]	Native Hawaiian or Other Pacific Islander AND White 10 (5%)	2
	Native Hawaiian or Other Pacific Islander AND Asian 12 (6%)	3

How the percentage should be applied will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals that are being served or that are proposed to be served.

**Balance of individuals reporting more than one race:** This block is intended to capture the balance of any racial categories that are not included in the list of nine above, and are not included under “**Other multiple race combinations greater than one percent.**” Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

**Total:** On the last row of the form you should indicate the aggregate totals of all the information you have gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.

<b>America's Affordable Communities Initiative</b>	<b>U.S. Department of Housing and Urban Development</b>	OMB approval no. 2510-0013 (exp. 03/31/2007)
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Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information will be used to encourage applicants to pursue and promote efforts to remove regulatory barriers to affordable housing. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

### Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

#### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes



11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Points:</b>		

**Part B. State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A**

	1	2
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development ( <i>nexus</i> ) and a method for fee calculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification?</p> <p>Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly list these changes.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>Total Points:</b></p>		

**Third Party Documentation  
Facsimile Transmittal**

**U. S. Department of Housing  
and Urban Development**  
Office of Department Grants Management  
and Oversight

OMB Approval No. 2535-0118 (exp. 04/30/2005)

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form is used for third party applicants as required for applications submissions and other materials that are not normally available as electronic files, e.g. leverage letters, documentation from books, reports or other such items. This information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Instructions**

**IMPORTANT NOTE: If you have completed the SF 424 Request for Federal Assistance form, data fields will be pre-populated within this form.**

Item	Entry
1. a-d Applicant Information	<p>a. Enter legal name of applicant, name of primary organization unit (including division, if applicable), which will undertake the assistance activity.</p> <p>b. Enter the complete address, Street, City, County, State and Zip Code.</p> <p>c. Enter the country, i.e. USA.</p> <p>d. Enter the DUNS number (received from DUN and Bradstreet).</p>
2. a-c. Catalog of Federal Domestic Assistance number and title of the program and program component.	<p>a. Enter the Catalog of Federal Domestic Assistance number of the program you are apply for federal assistance.</p> <p>b. Enter the title of the program which assistance is requested.</p> <p>c. Enter program component under which assistance is requested. If there are no sub categories within a program you may leave <b>"program component"</b> blank. (For example: CFDA: 14.123)</p>
3. a-b. Facsimile Contact Information	<p>a. Enter the name of the Department and/or b. Division in which this facsimile is being transmitted.</p>
4. Name and telephone number	Enter name, email and telephone number ( <i>remember to include area code</i> ) of person to be contacted on matters involving the transmitting fax.
5. Email	Enter email address of person to contacted regarding facsimile.
6. b-d What are you transmitting/number of pages?	<p>a. What are you transmitting? Check the appropriate box indicating what type of document you are transmitting, <b>b.</b> certification, <b>c.</b> document, <b>d.</b> letter, or <b>e.</b> other. For example, if you are transmitting a Memorandum of Understanding (MOU) this would be considered a document so you would check</p> <p><input type="checkbox"/> <b>document..</b> <i>Please note: for each document you are transmitting a separate cover page is needed.</i></p>
7. How many pages are being faxed?	Indicate how many pages including the cover are being faxed.

**Third Party Documentation  
Facsimile Transmittal**

**U. S. Department of Housing  
and Urban Development**  
Office of Department Grants Management  
and Oversight

OMB Approval No. 2535-0118 (exp. 04/30/2005)

<b>1. Applicant Information</b>		<b>3. Facsimile Contact Information</b>	
a. Legal Name:		a. Department:	
		b. Division	
b. Address:		4. Name and telephone number of person to be contacted on matters involving this facsimile.	
Street:			
City:	County:	Prefix:	First Name:
State:	Zip Code	Middle Initial:	Last Name:
c. Country		5. Email:	
d. DUNS Number:			
2. a. Catalog of Federal Domestic Assistance Number: CFDA No. _____		Phone number (include area code)	Fax number (include area code)
b. Title (Name of Program)		6. What is your transmittal? (Check one box per fax)	
c. Program Component	b. Certification <input type="checkbox"/>	c. Document <input type="checkbox"/>	d. Match/Leverage Letter <input type="checkbox"/>
	e. Other <input type="checkbox"/>		
7. How many pages (including cover) are being faxed?			