they will provide.

U.S. Department of Housing and Urban Development Office of Lead Hazard Control

OMB Approval No. 2539-0015 (expires 6/30/2011)

Factor 1 Capacity Of The Applicant And Relevant Organizational Experience

Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. 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.

A. Key Personnel					
Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix.		Percent of Time Proposed for this Grant (HUD Funded or In- Kind)	Percent of Time to be spent on other LHC HUD grants	Percent of Time to be spent on other Activities	
	Note: These three columns should total 100%				
A.1 Overall Project Director Name:	14010.1	These three columns sin	I	100 70	
Organization Position Title:		+			
Phone Number:	_				
Email:	Fax Number:				
A.2 Day-to-Day Program Manager		irod	On staff	1	
Name:		lleu	U On stan	T	
	_				
Organization Position Title: Phone Number:	Fox Number	4			
	Fax Number:	4			
Email: A.3 Other	□ To ho h	irad	□ On oto#		
		lieu	On staff	1	
Name:					
Organization Position Title:	Face Nicosala and				
Phone Number:	Fax Number:				
Email:					
B. Partners					
		Description of	Proposed Activities T	o Be	Amount of
Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient		Commitment and Status	Conducted by Part		HUD Grant Funds (If Subgrant)
B.1 Name:					
Type of Organization					
Subgrantee/Subrecipient:	☐ Yes ☐ No				
☐ Current Partner	Partnership to be developed				
B.2 Name:					
Type of Organization					
Subgrantee/Subrecipient:	☐ Yes ☐ No	1			
Current Partner	Partnership to be developed	1			
B.3 Name:					
Type of Organization					
Subgrantee/Subrecipient:	☐ Yes ☐ No	1			
Current Partner	Partnership to be developed	1			
B.4 Name:	r drinerenip te be developed				
Type of Organization					
Subgrantee/Subrecipient:	☐ Yes ☐ No	1			
Current Partner	Partnership to be developed	1			
	☐ Faithership to be developed				
B.5 Name:					
Type of Organization					
Subgrantee/Subrecipient:	Yes No	-			
Current Partner	Partnership to be developed				
B.6 Name:					
Type of Organization		1			
Subgrantee/Subrecipient:	☐ Yes ☐ No	4			
☐ Current Partner	☐ Partnership to be developed				
B.7 Name:					
Type of Organization					
Subgrantee/Subrecipient:	Yes No				
☐ Current Partner	☐ Partnership to be developed				
Definitions: Partner Name: Name of organization or entity that will partner with applicant in conducting program activities. Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc. Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc. Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program					
efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.) Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services					