

## **ABSTRACT**

### **Sonora Environmental Research Institute, Inc. Community Assist of Southern Arizona - Lead Outreach Program**

This is an application to the United States Department of Housing and Urban Development (HUD) submitted by the Sonora Environmental Research Institute, Inc. (SERI) for the Lead Outreach Grant Program. It is a partnership between SERI, a community-based organization and St. Elizabeth's Health Center, a faith-based organization. The proposed lead outreach program is targeted to serve low to very-low income families with children under six years of age. The targeted areas are high-risk zip code areas in Pima County and the City of Tucson and are located in an Empowerment Zone. High-risk factors within the eight target areas include high poverty rates, high proportion of low and very low-income families, high concentration of minority families, and low educational level. The most telling demographic phenomenon is that while City of Tucson has experiencing growth and low unemployment over the last five years more households are slipping into poverty. Basically, plenty of jobs exist in Tucson, but many do not pay a living wage. This is further compounded by a very significant run-up in the price of housing over the same five-year period, resulting in a high number of households that are unable to self-finance lead containment activities or other home repairs.

The Goals and Objectives of the SERI Lead Outreach Grant Program are as follows: 1. Conduct a GIS analysis of census data, property records and survey data completed by St. Elizabeth's Health Center to develop maps which clearly delineated at-risk areas. These maps will be used to target outreach efforts in particular home visits. 2. Conduct a community outreach program that results in the referral of a minimum of 100 housing units involving minority, low to very-low income families with children less than six years of age to the City of Tucson Lead Hazard Control Program. 3. Conduct a community outreach program that increasing public awareness of childhood lead poisoning to a minimum of 1,000 families and 250 children in the target area. 4. Provide lead training and awareness to the medical providers in the target area that leads to new partnerships between the providers and SERI where providers are distributing program information and/or referring families to SERI for home visits.

The lead outreach program will be implemented primarily through a promotora program. For the past seven years SERI has partnered with families in southern Arizona to improve the environmental health of the community. Through a promotora home visit program, community meetings, school visits and health fairs, SERI works with families to help them evaluate environment risks to their children and make better health improvement choices. Promotoras are mothers, students, grandmothers or anyone who has identified him or herself as a community leader and is seeking to increase his or her knowledge on environmental and health issues. The promotora as a neighbor is accepted and trusted in the community where many times agency personnel are not. SERI's promotora program is a proven method of disseminating information about environmental health issues, receiving feedback, assessing community needs and promoting decision-making in the communities in which SERI works.

The contact for the lead outreach program is the Project Director, [REDACTED] from SERI, at [REDACTED] or [REDACTED]

**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%			
<b>A.1 Overall Project Director</b>			
Name: [REDACTED]	50%	20%	30%
Organization Position Title: [REDACTED]			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
<input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff			
Name: [REDACTED]	100%	0%	0%
Organization Position Title: [REDACTED]			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			
<input type="checkbox"/> To be hired <input checked="" type="checkbox"/> On staff			
<b>A.3 Other</b>			
Name: [REDACTED]			
Organization Position Title: [REDACTED]			
Phone Number: [REDACTED] Fax Number: [REDACTED]			
Email: [REDACTED]			

**B. Partners**

Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient	Description of Commitment and Status	Proposed Activities To Be Conducted by Partner	Amount of HUD Grant Funds (If Subgrant)
<b>B.1 Name: St. Elizabeth's Health Center</b> Type of Organization Faith-based Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Letter	Education and outreach	\$77,416.00
<b>B.2 Name: City of Tucson</b> Type of Organization Community Development Department Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed	Contract	Lead Hazard Control Program	\$0.00
<b>B.3 Name:</b> Type of Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.4 Name:</b> Type of Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.5 Name:</b> Type of Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.6 Name:</b> Type of Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Current Partner <input type="checkbox"/> Partnership to be developed			
<b>B.7 Name:</b> Type of Organization Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Current Partner <input type="checkbox"/> 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 they will provide.

**Factor 2 – Need/Extent of the Problem**

- A. Provide information on Blood Lead Level (BLL) in children under 6 years of age in the most recent 12 month period for which data is available. If lead hazard control work will be done in multiple jurisdictions, provide total data for all jurisdictions. Complete either A.1 or A.2, but not both. (If you complete both, HUD will use A.1)
- B. Locations where lead hazard control work will be done.  
NOTE: Information on Housing Age and Tenure, and on Individuals Living Below Poverty Level, which are used for Factor 2 scoring purposes, will be obtained by HUD from Census 2000 reports.

Name of Applicant Sonora Environmental Research Institute, Inc.

A.1. Documented Blood Lead Level (BLL) in Jurisdiction		A.2. Documented Blood Lead Level (BLL) in Target Area	
Blood Lead Level	Number of Children Under 6 Years	Blood Lead Level	Number of Children Under 6 Years
< 10 µg/dL	-	< 10 µg/dL	-
≥ 10 µg/dL	22	≥ 10 µg/dL	12
Total # Tested	3,000	Total # Tested	1,927
Total # Children < 6	55,829	Total # Children < 6	16,627

A.3. Data sources on BLLs and children (e.g., list specific Health Department reports, relevant web pages, etc.)

Arizona Department of Health Services, <http://www.azdhs.gov/phs/oeht/invsurv/lead/leadbrochpub.htm>

**B. Jurisdiction (counties/cities/towns) where lead hazard control work will be done.**

B1.	B2.	Instructions: 1. Identify the counties/cities/towns (jurisdictions) where lead hazard control work will be done. 2. Go to the OHHLHC home page, <a href="http://www.hud.gov/lead">www.hud.gov/lead</a> . 3. In the home page's discussion of the 2008 NOFA, click on the link for "Factor 2 – Need/Extent of the Problem." 4. In block "B1.", enter the county where lead hazard control work will be done. 5. In block "B2.", enter the jurisdiction where work will be done. Note: counties may be considered jurisdictions. 6. Repeat steps 4 and 5 for each jurisdiction where work will be done. 7. For counties, identify all large cities where work will not occur with "NOT" before the name.
Pima	Tucson	
Pima	Pima	

Public reporting burden for this collection of information is estimated to average 2 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.

**Factor 4 Leveraging Resources**

Name Of The Organization Or Entity That Will Contribute Match Or Leveraged Funds And If The Organization Will Be a Subgrantee/Subrecipient	Work To Be Accomplished In Support Of The Program.	Value Of In-Kind Or Cash Match Contribution*	Additional Leveraged Funds Contribution	Total Of Match And Leveraged Contributions
Name: Sonora Environmental Research Institute, Inc. Type of Organization: Community-based Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Outreach activities, referrals to LHCP, reports and evaluation	[REDACTED]	\$0.00	[REDACTED]
Name: St. Elizabeth's Health Center Type of Organization: Faith-based Subgrantee/Subrecipient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telemedicine and rural outreach activities, reports and evaluation	[REDACTED]	\$0.00	[REDACTED]
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
Name: Type of Organization: Subgrantee/Subrecipient: <input type="checkbox"/> Yes <input type="checkbox"/> No				\$0.00
<b>Total Amount</b>		\$ [REDACTED]	\$ 0.00	\$ [REDACTED]

**Name of the organization or entity that will contribute match or leveraged funds and if they are to be a subgrantee/subrecipient:** Self explanatory.

**Work to be accomplished in support of the program:** The type of activities that will be accomplished in support of the program (i.e. outreach, training, risk Assessments/paint Inspections, relocation, etc.)

**Value of In-kind or Cash Match Contribution:** As required by statute or appropriation.

**Additional Leveraged Funds Contribution:** Additional funds above the match contribution required by statute or appropriation

**Total of Match and Leveraged Contributions:** The total of an applicant's In-kind or Cash Match Contribution and any additional Leveraged Funds Contribution















**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 (EZ), designated by HUD or by the United States Department of Agriculture (USDA), the tax incentive utilization plan for an urban or rural renewal community (RC) designated by HUD, or the strategic plan for an enterprise community (EC-II) designation in round II by USDA.

(Type or clearly print the following information)

Applicant Name Sonora Env. Research Institute, Inc.

Name of the Federal  
Program to which the  
applicant is applying Lead Outreach Grant Program

Name of RC/EZ/EC-II Tucson Urban Round III Empowerment Zone

I further certify that the proposed activities/projects will be located within the RC/EZ/EC-II identified above and are intended to serve the residents of the designated area. (2 points)

Name of the  
Official Authorized  
to Certify the RC/EZ/EC-II

[Redacted]

Title

[Redacted]

Signature

[Redacted]

Date (mm/dd/yyyy) 07/14/2008

# Grant Application Detailed Budget Worksheet

(E-F) 01/31/2008

**Name and Address of Applicant:**

Sonora Environmental Research Institute, Inc.  
 3202 E. Grant Rd.  
 Tucson, AZ 85716

Public reporting burden for this collection of information is estimated to average 3 hours/12 minutes 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 provide the information unless it displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use the information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not tend itself to confidentiality.

**Category**

Detailed Description of Budget (for full grant period)											
1. Personnel (Direct Labor) Position or Individual	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
Project Director	2,080	\$35.00	\$72,800	\$0							
Project Manager	4,160	\$12.00	\$49,920	\$49,920	\$0						
Environmental Scientist	2,080	\$14.00	\$29,120	\$29,120	\$0						
Environmental Health Promotora	1,040	\$11.00	\$11,440	\$11,440	\$0						
Environmental Health Promotora	1,040	\$11.00	\$11,440	\$11,440	\$0						
Student	1,040	\$8.00	\$8,320	\$8,320	\$0						
Total Direct Labor Cost											
			\$183,040	\$110,240		\$0	\$0	\$0	\$0	\$0	\$0
2. Fringe Benefits											
Total Direct Labor Cost		Rate (%)	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
		25.00%	\$45,760	\$27,560							
Total Fringe Benefits Cost											
			\$45,760	\$27,560							
3. Travel											
3a. Transportation - Local Private Vehicle	Mileage	Rate per Mile	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Travel for home visits	20,000	\$0.585	\$11,700	\$11,700	\$0						
Subtotal - Trans - Local Private Vehicle											
			\$11,700	\$11,700	\$0						

# 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	Program Income
Subtotal - Transportation - Airfare			\$0	\$0	\$0						
3c. Transportation - Other	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Transportation - Other			\$0	\$0	\$0						
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	Program Income
Subtotal - Per Diem or Subsistence											
<b>Total Travel Cost</b>			<b>\$11,700</b>	<b>\$11,700</b>	<b>\$0</b>						
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	Program Income
<b>Total Equipment Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>						



# 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>											
Subtotal - Administrative and legal expenses			\$0	\$0	\$0	0	0	0	0	0	0
<b>8b. Land, structures, rights-of way, appraisal, etc</b>											
Subtotal - Land, structures, rights-of way			\$0	\$0	\$0	0	0	0	0	0	0
<b>8c. Relocation expenses and payments</b>											
Subtotal - Relocation expenses and payments			\$0	\$0	\$0	0	0	0	0	0	0
<b>8d. Architectural and engineering fees</b>											
Subtotal - Architectural and engineering fees			\$0	\$0	\$0	0	0	0	0	0	0
<b>8e. Other architectural and engineering fees</b>											
Subtotal - Other architectural and engineering fees			\$0	\$0	\$0	0	0	0	0	0	0

# Grant Application Detailed Budget Worksheet

8f. Project inspection fees	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Project inspection fees			\$0	\$0	\$0						0
8g. Site work	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Site work			\$0	\$0	\$0						0
8h. Demolition and removal	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Demolition and removal			\$0	\$0	\$0						0
8i. Construction	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Construction			\$0	\$0	\$0						0
8j. Equipment	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Equipment			\$0	\$0	\$0						0
8k. Contingencies	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Contingencies			\$0	\$0	\$0						0
8l. Miscellaneous	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
<b>Total Construction Costs</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>						<b>0</b>



**Grant Application Detailed Budget Worksheet**

Detailed Description of Budget		
Analysis of Total Estimated Costs	Estimated Cost	Percent of Total
1 Personnel (Direct Labor)	\$76,960.00	63.1%
2 Fringe Benefits	\$20,010.00	16.4%
3 Travel	\$0.00	0.0%
4 Equipment	\$0.00	0.0%
5 Supplies and Materials	\$18,000.00	14.8%
6 Consultants	\$0.00	0.0%
7 Contracts and Sub-Grantees	\$0.00	0.0%
8 Construction	\$0.00	0.0%
9 Other Direct Costs	\$7,000.00	5.7%
10 Indirect Costs	\$0.00	0.0%
<b>Total:</b>	<b>\$121,970.00</b>	<b>100.0%</b>
<b>Federal Share:</b>	<b>\$77,416.00</b>	
<b>Match (Expressed as a percentage of the Federal Share):</b>		

**You are our Client!**  
**Grant Applicant Survey**

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

OMB No. 2535-0116 (exp. 12/31/2008)

The information collection requirements contained in this document have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44U.S.C. 3501-3520). 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. Public reporting burden for this collection is estimated to average 30 minutes 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. All information collection contained in this Survey is optional.

The Department of Housing and Urban Development is trying to provide a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to the Notice of Funding Availability Application and forms and/or the Electronic Grant Application Outreach process. You can complete and submit this survey and attach it to your electronic application or you mail directly to: Department of Housing and Urban Development, 451 7<sup>th</sup> Street, SW – Room 3156, Washington, DC 20410.

**Instructions.** Listed below are several questions regarding outreach conducted by the Federal Government to prepare organizations for the Grants.gov registration process, the retrieval of funding opportunities, and submission of electronic applications. The grading scale below provides options from extremely helpful to not applicable. In the box provided, grade the government on its outreach efforts from O=None thru G=Not applicable to my needs. Section seven provides space for you to make SUGGESTIONS FOR IMPROVEMENT, please identify the section you are commenting on. Field level help is available by click on the **FI** key.

**O**= None      **A** = Extremely helpful      **B** = Somewhat helpful      **C** = Helpful      **D** = Not very helpful  
**F** = Not helpful      **G** = Not applicable to my needs

**Section 1 – Electronic Grant Application Outreach** Provide details about the type of information you received from HUD about Grants.gov as indicated below.

1. The brochure(s)/guide(s) (insert title(s)):	Grade: a O=None
2. Title of the workshop(s) /conference(s)/meeting(s)/training/forum(s)	Date attended:      Grade: O=None
3. Title(s) of satellite broadcast(s):	Date(s):      Grade: O=None
4. Did you receive information from the Agency Call Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):      Grade: O=None
5. Did you receive information from the Grant.gov Contact Center? ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes, please provide the date(s) and rate the quality of assistance received.	Date(s):      Grade: O=None
6. How could we improve our communications to you and others like you (please explain)?	

**Section 2 – Electronic Grant Application Registration Process**

- Did you find the Grants.gov website information on registration clearer and easier to understand than last year?       Yes  No
- Do you have access to IBM compatible software?       Yes  No
- Do you have Internet access within your office or division?       Yes  No

If no, to question 3, please answer the following questions. Is the access within:

- Within your organization?       Yes  No
- Available in your building?       Yes  No

- c. Available at home?  Yes  No
- d. Available within 1 mile of where you work?  Yes  No
- e. Available within 5 miles of where you work?  Yes  No
- f. Available more than 5 miles of where you work?  Yes  No
4. Do you have problems with Internet access due to any of the following?
- Cost?  Yes  No
- Reliability?  Yes  No
- Office access rights?  Yes  No
- Poor quality reception?  Yes  No

### Section 3 – Funding Opportunities

Please provide CFDA Number for funding opportunity are you commenting on.	Insert CFDA numeral: 14.904
1. Did you find the Submission Checklist helpful?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Did you find sections of the funding opportunity duplicative?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.	

### Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Based on previous years, how easy was it to find grants in the	Choose from dropdown
a. Federal Register	About the same
b. Trade journals	None
c. Agency websites	About the same
3. How could finding grant opportunities be improved (please explain)?	

### Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission?	Number: 3
2. Did you find the electronic application useful for dissemination purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Did the same individual who downloaded the grant application submit the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Did you know where to look for instructions for completing and submitting the application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. At what point in the process did you download and read the Application Instructions?	C-While completing the application
6. What Section of the Electronic Application Desktop Guide were most useful?	<u>No section was more useful than any other</u>
7. How could the Electronic Application Desktop Guide be improved (please explain)?	<u>The instructions could be clearer, especially regarding the forms not included in the application packet like this one.</u>

8. Did you find the Submission Tips helpful?	Grade B-Somewhat helpful
9. Did you find the NOFA Application Submission Checklist helpful?	Grade B-Somewhat helpful
10. Did you know how to use the attachment form in the application package?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
11. Did you have a problem saving your application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

**Section 6 – Applicant Information**

Organization Legal Name Sonora Environmental Research Institute, Inc.

Address 3202 E. Grant Rd. City Tucson State AZ

Zip Code 85716 Telephone Number: (including area code) 520-321-9488

Contact Name: Ann Marie Wolf Email Address aawolf@seriaz.org

**Section 7 – Suggestions**

For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	SERI-Abstract.doc	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HUD-96012-SERI.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	Factor_2_Form-SERI.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	HUD-96015-SERI.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	LOGP-SERI.xls	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	HUD-2990-SERI.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	HUD-424-CBW-SERI.xls	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	HUD-424-CBW-Elizabeth.xls	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	HUD-2994-SERI.doc	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

# Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

## 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: Sonora Environmental Research Institute, Inc.

Applicant's DUNS Name: [REDACTED]

Federal Program: Lead Outreach Grant Program

CFDA Number: 14.904

1. Has the applicant ever received a grant or contract from the Federal government?

Yes  No

2. Is the applicant a faith-based organization?

Yes  No

3. Is the applicant a secular organization?

Yes  No

4. Does the applicant have 501(c)(3) status?

Yes  No

5. Is the applicant a local affiliate of a national organization?

Yes  No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

3 or Fewer  15-50  
 4-5  51-100  
 6-14  over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

Less Than \$150,000  
 \$150,000 - \$299,999  
 \$300,000 - \$499,999  
 \$500,000 - \$999,999  
 \$1,000,000 - \$4,999,999  
 \$5,000,000 or more

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

OMB No. 1890-0014 Exp. 2/28/2009

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

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 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.
5. Self-explanatory.
6. 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.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

**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:** The Agency Contact listed in this grant application package.

America's Affordable Communities

U.S. Department of Housing  
and Urban DevelopmentOMB approval no. 2510-0013  
(exp. 03/31/2010)

Initiative

\* Organization Name:

Sonora Environmental Research Institute, Inc.

**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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated 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: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input type="checkbox"/> No	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes

<p>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?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>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.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>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?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>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.)</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>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?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>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?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>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?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>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?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>Total Points:</p>		

**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 (nexus) 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><b>10.</b> 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><b>11.</b> 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: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (<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><b>12.</b> 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> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>13.</b> 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><b>14.</b> 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> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>15.</b> 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> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Total Points:</p>		

Additional Information:

Add Attachment

Delete Attachment

View Attachment

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011  
(exp. 08/31/2009)

Applicant/Recipient Information

\* Duns Number:

\* Report Type:

INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

\* Applicant Name:

Sonora Environmental Research Institute, Inc.

\* Street1: 3202 E. Grant Rd.

Street2:

\* City: Tucson

County:

\* State: AZ: Arizona

\* Zip Code: 85716

\* Country: USA: UNITED STATES

\* Phone: 520-321-9488

2. Social Security Number or Employer ID Number: 86-0767843

\* 3. HUD Program Name:

Lead Outreach Grants

\* 4. Amount of HUD Assistance Requested/Received: \$ 264,356.00

5. State the name and location (street address, City and State) of the project or activity:

\* Project Name: Community Assist of Southern Arizona - Lead Outreach Program

\* Street1: 3202 E. Grant Rd.

Street2:

\* City: Tucson

County: Pima

\* State: AZ: Arizona

\* Zip Code: 85716

\* Country: USA: UNITED STATES

**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).

Yes

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

Yes

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.

Form HUD-2880 (3/99)

**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:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

Department/State/Local Agency Name:

\* Government Agency Name:

Government Agency Address:

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

\* Type of Assistance:

\* Amount Requested/Provided: \$

\* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

**Part III Interested Parties.** You must decide.

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).

* 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 %)
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %

(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:



\* Date: (mm/dd/yyyy)

Facsimile Transmittal

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

OMB Approval No. 2525-0118  
exp. Date (5/30/2008)

1214432073-3267

\* Name of Document Transmitting: Support Letter from City of Tucson

1. Applicant Information:

\* Legal Name: Sonora Environmental Research Institute, Inc.  
\* Address:  
\* Street1: 3202 E. Grant Rd.  
Street2:  
\* City: Tucson  
County:  
\* State: AZ: Arizona  
\* Zip Code: 85716 \* Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

\* Organizational DUNS: [redacted] CFDA No.: 14.904  
Title: Lead Outreach Grants  
Program Component:

3. Facsimile Contact Information:

Department:  
Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Ms. \* First Name: Ann Marie  
Middle Name: Alia  
\* Last Name: Wolf  
Suffix:  
\* Phone Number: 520-321-9488  
Fax Number: 520-321-9498

\* 5. Email: aawolf@seriaz.org

\* 6. What is your Transmittal? (Check one box per fax)

- a. Certification  b. Document  c. Match/Leverage Letter  d. Other

\* 7. How many pages (including cover) are being faxed? 2

### Project Narrative File(s)

---

**Mandatory Project Narrative File Filename:**

[Add Mandatory Project Narrative File](#) [Delete Mandatory Project Narrative File](#) [View Mandatory Project Narrative File](#)

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To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#) [Delete Optional Project Narrative File](#) [View Optional Project Narrative File](#)

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

07/16/2008

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

Sonora Environmental Research Institute, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

86-0767843

\* c. Organizational DUNS:

d. Address:

\* Street1:

3202 E. Grant Rd.

Street2:

\* City:

Tucson

County:

\* State:

AZ: Arizona

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

85716

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Ann Marie

Middle Name:

Alia

\* Last Name:

Wolf

Suffix:

Title:

President

Organizational Affiliation:

\* Telephone Number:

520-321-9488

Fax Number:

520-321-9498

\* Email:

aawolf@seriaz.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.904

CFDA Title:

Lead Outreach Grants

**\* 12. Funding Opportunity Number:**

FR-5200-N-15

\* Title:

Lead Outreach Grant Program

**13. Competition Identification Number:**

LOP-15

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Cities of Tucson and South Tucson, Arizona  
Pima County, Arizona

**\* 15. Descriptive Title of Applicant's Project:**

Community Assist of Southern Arizona - Lead Outreach Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="264,356.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value=""/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

## **RATING FACTOR 1: CAPACITY OF APPLICANT AND RELEVANT ORGANIZATIONAL EXPERIENCE**

### **a. Organizational Capacity**

**Resources dedicated to the project:** Staff from Sonora Environmental Research Institute, Inc. (SERI) utilized for the Lead Outreach Program will include the Program Director (President), Program Manager (Lead Promotora), Environmental Scientist, two Promotoras and one student. In addition SERI has over twenty trained community volunteers who conduct lead outreach activities. All staff are in place. Lead outreach materials in English and Spanish are available as is the work space. Working partners will include Saint Elizabeth's Health Center (St. Elizabeth's) and the City of Tucson Lead Outreach Program (LHCP). Please note that each of these partners has provided letters of commitment signed by an authorized representative outlining services and matching and/or leveraged funds. St. Elizabeth's will enter into a contract with SERI when grant funds are awarded. SERI already has a contract with the City of Tucson to provide outreach services to LHCP. Please see **Exhibit A** for the project-specific organization chart.

**How the principal entities will support the project and communicate:** SERI, LHCP and St. Elizabeth's are already members of the Tucson Lead-Based Paint Outreach Collaborative. The Collaborative consists of one representative from each of the agencies partnering with the LHCP. They meet monthly to discuss programmatic activities. This board will monitor the new outreach program, develop strategies, and provide recommendations for program development. It will ensure a formal communication between SERI, St. Elizabeth's, the LHCP and other agencies working with the City of Tucson. SERI currently sends monthly and quarterly reports to the LHCP and will continue to do so through the life of this project. SERI and St. Elizabeth's will communicate informally as well as through monthly and quarterly reports.

St. Elizabeth's and SERI are committed to a comprehensive outreach educational campaign to increase public and professional awareness of the incidence, effects, and treatment of lead poisoning. SERI will provide the following elements of the Lead Outreach Program: all aspects of program management, coordination with all partners, community outreach through home visits, health fairs and community presentations and referrals to the City of Tucson LHCP. St. Elizabeth's will provide the following elements: the telemedicine and local outreach program to health care providers and rural communities, referrals to SERI for home visits and monthly and quarterly reports to SERI. The City of Tucson will continue to receive referrals from SERI for the LHCP.

### **b. Organizational Experience**

**SERI** has been extensively involved with lead issues through its Community Assist of Southern Arizona program (CASA) for over ten years. CASA partners with neighborhoods that are under economic, environmental and health stress and helps determine the environmental and health risks to which the neighborhoods are exposed and actions to be taken to reduce those risks. CASA utilizes the promotora method of community outreach and provides services in a culturally appropriate manner and

language. The promotora idea, which developed in Mexico, is slowly being adopted in the U.S. Southwest. Promotora, the Spanish word meaning "expert" or "advocate," is used to describe a lay health advisor within the Latino community. Public and environmental health scientists are beginning to appreciate the promotora as a health professional who is perfectly poised to reduce environmental health disparities within underserved Latino communities. The promotora as a neighbor is accepted and trusted in the community where many times agency personnel are not. CASA promotoras have gone through extensive environmental health training including sessions on childhood lead poisoning prevention provided by the Southeast Arizona Area Health Education Center (SEAHEC) and the LHCP. All of SERI's paid promotora staff have completed the Community Health Advisor certificate program from Pima Community College.

SERI's relevant outreach projects from the last five years are summarized below. All projects were successfully implemented and completed in a timely manner. These projects demonstrate SERI extensive experience in conducting community outreach in particular home visits to at-risk community members. Over the past year SERI has successfully worked with the City of Tucson by conducting 651 home visits and referring 32 families to the LHCP. This grant expands and targets that outreach effort to ensure that at-risk families are identified, visited by a promotora and referred to the LHCP.

<b>Project</b>	<b>Project Period</b>	<b>Achievement of Specific Tasks</b>	<b>Measurable objectives and benchmarks</b>	<b>Outcomes consistent with approved workplan and budget?</b>
City of Tucson Tax Assistance Program	8/1/08 - 10/30/10	Distribute information on tax assistance to low-income families	1,000 home visits	Project is just starting
City of Tucson LHCP	11/1/07 - 10/30/10	Conduct home visits and other community outreach tasks and refer families to the LHCP.	1,500 home visits and 100 referrals to the LHCP	Yes - through June 2008 SERI has conducted 651 home visits and referred 32 families to the LHCP
CASA - EPA CARE Program	11/1/06 - 10/30/09	1. Conduct home and business visits and other community outreach tasks. 2. Conduct air quality monitoring for heavy metals including lead. 3. Conduct community mapping project of environmental health	2,000 home visits focusing on asthma and lead poisoning prevention, 500 business visits, and	Yes - project will be finished according to the workplan. Through June 2008 SERI has completed 1,315 home visits,

		concerns. 4. Provide drought tolerant trees. 5. Replace lead containing items such as ceramics (not paint).	distribute 200 trees	distributed 320 trees, replaced lead containing items in 78 homes.
CASA - Air Toxics Team (EPA)	9/01/04 - 8/31/06	1. Community outreach on air toxics. 2. Identify potential air toxics hot spots	200 home visits, 50 business visits and development of GIS air toxics risk maps	Yes
CASA - Ambos Nogales (EPA)	8/01/04 - 7/31/06	1. Provide community outreach and planning on environmental health issues in Nogales, Arizona and Nogales, Sonora, Mexico	Trained 50 community members as health advocates and conducted a community mapping project	Yes
CASA - (NIH)	7/01/01 - 6/30/05	1. Conduct home visits focusing on asthma, lead poisoning prevention and integrated pest management in southern Arizona. 2. Research use of home remedies among the community.	Conducted 800 home visits and coordinated blood lead testing for children under six.	Yes

Since its inception in 1961, **St. Elizabeth's** has held true to its mission of providing medical, dental and health care exclusively for the uninsured and underserved in our community. St. Elizabeth's unique model of care pairs a small employed staff with over 165 volunteer physicians, dentists, dental hygienists, nurse practitioners and other healthcare professionals to provide care for over 20,000 community members each year. St. Elizabeth's and its two satellite clinic locations are all located in a medically underserved area of the city which is also called the "highly stressed" corridor as identified by the Pima County government. Over 90% of the patients and families currently served live at below 200% of the federal poverty level. The Health Center provides both primary and specialty medical care, oral health and dental care along with community outreach providing health education and self-management training at various low cost housing locations. St Elizabeth's commitment to turning no one in need away is supported by our staff as well as many community partners and volunteer physicians and dentists.

In addition, St. Elizabeth's Health Center has extensive experience managing community based projects and grants with other partners. St. Elizabeth's is the largest contractor in the state of Arizona for the Arizona Primary Care Program, the largest contractor for the Pima County Well Woman HealthCheck Program and as a general rule, has anywhere from 15-25 grant and special projects underway. Currently, one of the collaborative projects at St. Elizabeth's is Lead Abatement in partnership with the City of Tucson. The Leadership Team at St. Elizabeth's has tenure anywhere from four years to greater than twenty years. In addition, St. Elizabeth's has presented and published its chronic disease management and health improvement programs at the state, regional and national level

**Previous successes in leveraging resources for similar outreach initiatives:** The discussion above demonstrates SERI's and St. Elizabeth's previous success in leveraging resources for similar outreach initiatives. In addition, SERI has received funding from the Flinn Foundation, Alcoa Foundation, Tucson Firefighters Association and the Wal-Mart Foundation. SERI also receives generous discounts from many stores including Home Depot and Target to purchase replacement items for families that have lead containing items such as ceramics, Venetian blinds and toys. The CASA program has a strong community advisory board with members from agencies, industry, academia and the community. Most members contribute not only through meetings but also with fundraising, promotora mentoring and project management. The CASA program is well established and recognized in Pima County.

### **c. Individual Qualifications**

The **Project Director** will be [REDACTED], the President of SERI. She will devote 50% of her time to the project for the life of the grant. She has extensive knowledge and experience in planning and managing large and complex interdisciplinary programs. Her experience includes 15 years in the nonprofit sector developing and implementing numerous outreach programs for targeted populations including outreach programs on childhood lead poisoning prevention, asthma, air toxics, water quality and hazardous materials. She will be responsible for planning, directing and coordinating the Lead Outreach Program, supervising project staff, preparing contracts between sub-grantees and the grant program, monitoring contracts for compliance, monitoring the budget, directing the completion of all activities in the work plan, preparing reports to HUD, coordinating with all partners and integrating of the project with all of SERI's existing and related programs. Her résumé, which outlines her work and management experience, education and training, is attached as **Exhibit B**.

The **Project Manager (Day-to-Day)** will be [REDACTED], currently an environmental health promotora at SERI. She will devote 100% of her time to the project for the life of the grant. Ms. [REDACTED] has been an environmental health promotora for over five years. She served as a volunteer on the CASA program for over two years before she joined the SERI staff. She has received extensive training on environmental health issues from SEAHEC, the LHCP and the University of Arizona, and she has completed her Community Health Advisory certificate from Pima Community College. She currently coordinates the promotora training program,

conducts home visits, maintains the home visits database, prepares reports, supervises volunteers and organizes community presentations. As the Project Manager she will be responsible for the day-to-day activities of the program. A job description for the Lead Promotora is found in **Exhibit C**.

**Other personnel:** [REDACTED], Environmental Scientist, will devote 50% of her time to the project. She will conduct Geographic Information Systems (GIS) analysis of census and property records data to target home visits. She will also analyze data provided by St. Elizabeth's from a recently completed community risk survey which will further help target home visits, and she will be responsible for quality control of the home visits and referrals to the LHCP. Ms. [REDACTED] has extensive experience and training in GIS and database management. She has completed community risks analyses for Pima County, Nogales, Arizona and Nogales Sonora. She has been with SERI for over four years.

[REDACTED], RN, BSN, MAPS is the Director of Community Outreach at St. Elizabeth's and will be the Director for this project. She will devote 10% of her time to the project. She has over thirty years experience working in the healthcare industry and community health and serves to oversee St Elizabeth's staff of Community Health Workers (promotoras) as they provide outreach, advocacy, mentoring and education for the most vulnerable of our community. In addition, [REDACTED] serves to bridge the connection between the promotoras and their clients with our St. Elizabeth's doctors and other clinical staff. This ensures that the needs of the community are addressed in the services provided by the health center. [REDACTED] has also been the coordinator for the current Telemedicine Project regarding educating providers about breast health. Her résumé is found in **Exhibit D**.

**RATING FACTOR 2: NEED/EXTENT OF THE PROBLEM**

**a. The Community Being Targeted**

The Arizona Department of Health Services has determined that within the Tucson city limits, there are several lead poisoning high-risk areas. These target areas are in need of additional dedicated funding sources to adequately address the problem. These targets also fall within the census tracts that, in part, comprise an Empowerment Zone. This proposal calls for targeting these eight high-risk areas for lead outreach activities. These targeted areas have a variety of socio-economic and environmental risk factors and include eight different zip codes that encompass multiple census tracts. For example, zip code 85705 includes 11 census tracts within the community. In total, there are eight high-risk target areas that include 47 census tracts within the city limits.

High Risk Target Area (Zip Code)	Census Tract
85701	1, 9, 10
85705	3, 4, 13.01, 13.02, 14, 26.01, 45.04, 45.05, 45.07, 45.08, 45.09
85708	36

85711	30.02, 32, 33.01, 34, 35.01, 35.02, 35.03, 35.04
85713	20, 21, 22, 23, 24, 25.01, 25.03, 44.07
85714	38.01
85716	17, 18, 19, 28.01, 28.02, 28.03
85719	5, 6, 7, 8, 15, 16, 26.02, 27.01, 27.02

**Elevated Blood Lead Levels:** The number of documented cases of lead poisoning in 2005 according the Arizona Department of Health Services (<http://www.azdhs.gov/phs/oeh/invsurv/lead/leadbrochpub.htm>) was 235 statewide; 22 in Pima County of which 12 resided in the target areas. There are approximately 55,829 children under six years of age in the City of Tucson; 16,627 are in the target area. In 2005, 1,927 were tested in the target area of which 0.6% tested positive. The documented cases are children with a blood lead level test of equal to or greater than 10 micrograms of lead per deciliter of blood, which was performed by a medical health provider. The reason that there are so few children detected with EBL's simply is that the families at the greatest risk are not being reached. This is why this grant proposal expands the promotora outreach program where promotoras go door to door, speaking as neighbors, in at-risk areas. It is also why this proposal focuses on educating medical professionals in the target area. SERI and St. Elizabeth's have seen a disconnect between the medical community and the LHCP. Educating the medical community on the hazards of lead and the LHCP should result in an increase in children less than six being tested for lead poisoning.

**b. Characteristics of the Target Population**

A number of risk factors exist within the eight target areas including high poverty rates, high proportion of low and very low-income families, high concentration of minority (Hispanic/Latino) families, and a large number of the population lacking high school diplomas. A complete table is listed below. An example is that the overall poverty rate for the target areas higher than the percentage for Tucson at large. Another risk factor is a higher than average lack of educational attainment for those age 25 or over. Tucson has a Hispanic/Latino population of 35.8% while areas within the target area have a Hispanic/Latino population as high as 93.1% (85711) and 71.2% (85713). In the City of Tucson, the median household income is \$52,400. The most telling demographic phenomenon is that while City of Tucson has experiencing growth and low unemployment over the last five years more households are slipping into poverty. Basically, plenty of jobs exist in Tucson, but many do not pay a living wage. This is further compounded by a very significant run-up in the price of housing over the same five year period of time. The median sales price of a home in Tucson is \$234,000 requiring an income of approximately \$74,000 to support a conventional mortgage. This results in a high number of households that are unable to self-finance lead containment activities or other home repairs.

**Pre-1978 Occupied Housing Units:** The number of pre-1978 owner-occupied and

renter-occupied housing units (utilizing the 2000 census data that gives statistics for pre 1979 built homes) in the targeted high-risk zip code areas is 73,020 or 77.2%. Some of the target areas have pre-1978 housing percentages as high as 89% (1,676 units), 86% (1,055 units) and 84% (16,042 units). Presently there is an insufficient number of affordable homes that are lead hazard free, so that simply moving to another lead hazard free home is not an option for most households. A significant number of the low-income housing stock is highly distressed. Detailed information about housing age is included in the following chart.

**Percentage of Very Low (50% AMI) and Low (80% AMI) Income Families:** 62,441 households or 68.52% of the families in the targeted areas are living at or below 80% of the area median income. Forty-one thousand three hundred thirty-two (41,332) households or 45.35% of the families in the target areas are living at or below 50% of the area median income, and, 25,116 households, representing 27% of the targeted families earn 30% or less of the AMI.

**Socio-Economic and Housing Statistics for Tucson and Target Areas**

Risk Area	% in Poverty	% Low (80% AMI) Income	% Very Low (50% AMI) Income	% 1979 or earlier Housing	% Hispanic/Latino	% Lacking High School Education
Tucson	18.4%	68.48%	39.74%	37.4%	35.8%	19.0%
85701	35.7%	84.16%	63.81%	88.5%	56.0%	30.3%
85705	27.6%	81.89%	54.11%	66.7%	31.3%	24.6%
85708	14.9%	72.77%	30.56%	62.7%	19.4%	11.4%
85711	16.3%	68.88%	31.50	84.3%	28.7%	16.1%
85713	30.0%	71.07%	44.70%	79.2%	71.2%	44.3%
85714	34.3%	77.80%	77.80%	86.4%	93.1%	58.5%
85716	21.8%	28.40%	28.40%	81.5%	20.2%	11.7%
85719	23.6%	73.15%	73.15%	79.3%	20.2%	11.2%

**c. Current Level of Lead Outreach in the Target Community**

SERI's CASA program has been conducting lead outreach in zip codes 85701, 85705, 85713, 85714 and 85719 for over five years; however, until the implementation of the City of Tucson's LHCP, outreach focused on the hazards, prevention and treatment and not on lead containment and home repair. With the implementation of the LHCP, SERI has expanded to include all at-risk areas and now refers families to St. Elizabeth's for blood testing and the LHCP for risk assessment and follow-up. During the past five years the Arizona Department of Health Services has conducted an aggressive outreach campaign on the danger of home remedies and ceramics with lead glazes. Several home remedies used along the U.S./Mexico border are lead compounds. This outreach program is still underway but has been cut back in recent years. SERI distributes the brochures during home visits and tests ceramics for lead glaze. Because so many of the families in the target area are Spanish speaking and have a distrust of government agencies, many other outreach programs had limited success. The SERI

promotora program is successful because trained neighbors are visiting neighbors. However, the program needs to be expanded to reach the majority of at-risk families. Very little outreach to the medical community has been done which has resulted in the lack of knowledge (and lack of blood testing) that St. Elizabeth's and SERI are now seeing with medical providers.

#### **d. Five-Year Consolidated Plan and Analysis of Impediments to Fair Housing Choice**

The five-year *Consolidated Plan and Strategy for the City of Tucson, 2006-2010* pages 77, 78, and 123, located at the following web site: [www.tucsonaz.gov/csd](http://www.tucsonaz.gov/csd) in the subdirectory entitled plans/reports, identifies housing with physical defects as the highest priority need. An estimate of 2,500 dwelling units are identified as being substandard and are to be rehabilitated over this period of time. The estimated cost to address this need is \$12,500,000 (CP page 284). The Lead Outreach Program will help address this problem through it's partnership with the City of Tucson's LHCP by conducting home visits, conducting a preliminary screening of the eligibility of families and referring screened families to the LHCP. The City of Tucson's *Affordable Housing Strategies, Fiscal Years 2006-2010* also located at [www.tucsonaz.gov/csd](http://www.tucsonaz.gov/csd) lists on page 6 as two of its broad strategies as "Target resources to preservation and redevelopment of older housing, including financial assistance and code enforcement" and "Provide better information to consumers, which can reduce the need for more expensive housing solutions". The outreach program will assist these strategies for affordable housing as well.

### **FACTOR 3: SOUNDNESS OF APPROACH**

#### **a. Objectives and Goals**

The proposed objectives and goals of the Lead Outreach Program are to:

1. Conduct a GIS analysis of census data, property records and survey data completed by St. Elizabeth's to develop maps which clearly delineated at-risk areas. These maps will be used to target outreach efforts in particular home visits.
2. Conduct a community outreach program that results in the referral of a minimum of 100 housing units involving minority, low to very-low income families with children less than six years of age to the LHCP.
3. Conduct a community outreach program that increasing public awareness of childhood lead poisoning to a minimum of 1,000 families and 250 children in the target area.
4. Provide lead training and awareness to the medical providers in the target area that leads to new partnerships between the providers and SERI where providers are distributing program information and/or referring families to SERI for home visits.

The proposed outcomes relate directly to HUD's **Desired Outcomes**. They are:

1. *Increasing the number of residents, housing owners, community leaders and medical providers who are aware of and able to identify lead-based paint hazards and have an understanding of proper lead hazard control procedures.*

SERI will conduct an additional 1,000 home visits in the target area as well as give a

minimum of 10 community presentations and attend community fairs. St. Elizabeth's will train a minimum of 100 medical providers in the community who care for high-risk populations.

*2. Increasing the enrollment of low-income units in the City of Tucson LHCP.*

By conducting home visits, community presentations and lead training and awareness to community members, SERI proposes referring an additional 100 families to the LHCP.

*3. Developing easy to use and sustainable systems for reporting and addressing lead hazards.*

SERI will refine its reporting procedures for ease of use and will incorporate the procedures in all outreach activities.

*4. Developing effective partnerships between public and private entities including community-based and faith-based organizations dedicated to reducing lead hazards.*

This project strengthens the existing partnership between SERI (community-based), St. Elizabeth's (faith-based) and the City of Tucson (public). All three organizations are dedicated to reducing lead hazards. The project proposes to form new partnerships with medical providers in the target area.

**Activities that specifically support HUD's Policy Priorities**

**1. Providing Full and Equal Access to Faith-based and other Community-based Organizations:** This project is being implemented by a community-based (SERI) and a faith-based (St. Elizabeth's) organization. SERI's CASA program partners with a wide range of organizations and community members through outreach events; it provides full and equal access to all organizations. Many of the medical provider organizations in the target area are faith- or community-based.

**2. Improving the Quality of Life in our Nation's Communities:** One thousand families will receive home visits providing them information that will improve their quality of life. If the family qualifies, they will be referred to the LHCP and their home will be made lead-safe. Training the medical community on the hazards of lead and the need for blood testing for children under six will improve the quality of life for children with elevated blood lead levels. Children who may not have been tested will be tested and if eligible, the family referred to the LHCP.

**3. Removal of Regulatory Barriers to Affordable Housing:** This project removes regulatory barriers only as a participant in the City of Tucson LHCP. Southwest Fair Housing Council completed the Questionnaire for HUD's Initiative on Removal of Regulatory Barriers in part by the development of the Analysis of Impediments of Fair Housing Choice for the City of Tucson/Pima County HOME Consortium. Initiatives undertaken by the City of Tucson to remove barriers to affordable housing include the exempting of impact fees for parks and transportation to builders of affordable housing, reduced parking requirements and accessory apartments.

**b. Approach for Developing the Project**

**1. Theory or Research that Supports the Effectiveness of the Proposed Activities**

**Promotora Method of Outreach:** For the past seven years SERI has partnered with

families in southern Arizona to improve the environmental health of the community. Through a promotora home visit program, community meetings, school visits and health fairs, SERI works with families to help them evaluate environment risks to their children and make better health improvement choices. Promotoras are mothers, students, grandmothers or anyone who has identified him or herself as a community leader and is seeking to increase his or her knowledge on environmental and health issues. Promotoras visit families and provide skills, information, training and connections that result in true improvements in their own neighborhoods. They build the capacity of neighborhoods one by one as they knock on doors.

SERI's promotora program is a proven method of disseminating information about environmental health issues, receiving feedback, assessing community needs and promoting decision-making in the communities in which SERI works. Many residents obtain their health information by word-of-mouth rather than through a visit to the doctor, from a computer or by general announcements. In-home visits and community health fairs are culturally acceptable methods and provide the one-on-one contact which best serves the community. Currently SERI has trained promotoras in each of the zip code in the target area. Through CASA, they receive specific training on environmental health issues.

The visit by a promotora is a welcomed event by each family: the rapport and trust are well established between the families and the promotoras. A typical visit starts with the social aspects of welcoming and catching up with events in the family. After this introduction, the promotora works with the family to determine the family's health concerns and problems, inspects the home for environmental health and safety concerns, provides literature and referrals, completes surveys and conducts any sampling needed.

SERI has conducted eight successful outreach projects using the promotora method (listed under Factor 1). Because SERI is a community-based organization which hires and trains promotoras from the community, its outreach programs are accepted and welcomed by the neighborhoods. All projects have been successfully completed. Although not "scientific" the fact that SERI has over 50 volunteer promotoras and a waiting list for promotora training attests to the effectiveness of the methodology. The promotoras are members of the at-risk targeted community - Latina, Spanish as first language, very-low and low income, older housing and/or low education level. This is an outreach program which can effectively reach community members who are often missed by government programs.

**Telemedicine:** With the significant advances in technology, telehealth and telemedicine have become successful interventions to provide clinical care, follow up care, continuing medical education and community education. Throughout Arizona, there are many rural communities with access to telemedicine locations and even in urban locations; it is a timesaver for physicians and other providers who are unable to travel. St. Elizabeth's is an Arizona Telemedicine location funded partially by the Arizona Telemedicine Program Network and small grants. St. Elizabeth's telemedicine location

has been used for healthcare professional continuing education as well as patient education for breast health, diabetes, foot care and nutrition at this point in time. The evaluation outcomes for these collaborative community projects have been positive and allow the need for education and screening regarding lead screening, education and abatement to reach a much larger target audience, than simply traditional education methods.

## **2. Outreach Strategy or Marketing plan to be Implemented**

### **Promotora Program**

**a) How those receiving outreach will be identified, tracked and served, especially those in high-risk groups and communities, vulnerable populations and those traditionally underserved:** To help target home visits, SERI will conduct a GIS analysis of census data, property tax records and a community risk survey conducted by St. Elizabeth. These data contain information on age of the housing unit, income, and children under six. This analysis will identify at-risk areas in the target area. Promotoras will walk the areas identified and go door-to-door. Additional families will be identified through community events and presentations. SERI promotoras currently attend dental clinics at neighborhood centers, give presentations to parents with children in Head Start programs and at elementary schools, and attend health fairs and community events. At all of these events the promotoras sign families up for home visits. During the home visits the families receive information and sign forms that allow SERI to make referrals for the family and track the progress of the outreach effort.

If the family passes the initial screening criteria (inside the City limits, age of home, children under the age of six, income level), they are referred to the LHCP. At this point all home visits are entered into the home visits database and a copy of the referral is delivered to the LHCP. If the family's primary language is Spanish, a SERI promotora will call or visit the family to set up the first meeting with the LHCP staff. The SERI promotora will attend at least the first meeting to act as a translator if needed and to act as a liaison between the LHCP and the family. Once a referral has made and eligibility determined, the LHCP staff will organize a site-specific paint inspections/risk assessment and clearance examination by certified providers to determine the nature and scope of the lead hazards and the types of lead control needed. SERI tracks the progress in the home visit database and receives feedback from the LHCP on the results of the risk assessment and subsequent actions.

Although SERI staff will conduct a home visit to any family that requests one, the majority of the home visits are to families in high-risk groups, vulnerable populations and traditionally underserved. The SERI promotoras are also members of these populations and live and work in these neighborhoods. However, to guarantee that the outreach program is reaching these groups, SERI will review the statistics from the home visit database monthly and focus the neighborhood walks as needed.

**b) Proposed approaches to overcome poor response, low attendance or low participation:** To date, the promotora program has not had a problem with poor response, low attendance or low participation. Since the promotora method is a

culturally accepted method of outreach, families open their doors to the women and invite them in for a chat. Once the families understand the program, they want to participate. The only problem that has occurred is that a small group of people do not believe that ceramics can have lead glaze and continue to use them for food preparation. Another problem that has occurred is that some families will not respond to telephone calls from the LHCP staff. SERI staff now call Spanish speaking families to set up the first appointment and act as a liaison between the LHCP staff and the family until trust and communication are established.

**3) Method of community education:** The primary method of community education will be home visits, a one-on-one outreach strategy. Home visits are conducted by two promotoras. Through an informal chat with the family, the promotoras explain the outreach program and the hazards of lead and completes forms and referrals as appropriate. The focus of the home visits will be for primary prevention including behavior modification for high-risk families living in the target areas and to make intake referrals for the LHCP. A packet of information is left with the family. The average visit takes about one hour.

**4) How the education and training methods are culturally sensitive and targeted to the specific target audience:** All materials are provided in English and Spanish and all SERI promotoras speak Spanish, most as their first language. As stated above the promotora method is a culturally accepted method of outreach in the Latino community, and families accept women as promotoras and neighborhood leaders. The CASA Community Advisory Board which reviews CASA's outreach strategies and materials has at least 10 community members from the target area that regularly attend meetings. They help ensure cultural sensitivity of outreach program.

**5) How and why specific outreach materials will be utilized:** No new outreach material will be developed. SERI has outreach material of its own and has been provided additional material from the LHCP and the Fair Housing Council, much of it from EPA and/or HUD. All developed material has gone through a rigorous review process. All material is available in English and Spanish. Promotoras provide a home visit packet to families during a home visit. This packet contains a consent form for the home visits, all of the outreach material on lead, survey forms for checking lead containing items, a screening form for the LHCP, referral forms to the LHCP and St. Elizabeth's and a request for follow-up visit form. During community events and presentations lead outreach material is distributed, but the main activity is signing up families for home visits.

**6) How to ensure that the activities will not duplicate actions of other local organizations:** SERI and St. Elizabeth's are both members of the Tucson Lead-Based Paint Outreach Collaboration that meets monthly. SERI is a member of the Promotora Working Group which is a collaboration of organizations with promotoras in southern Arizona and was formed to eliminate duplication and increase effectiveness of promotora programs.

**7) Can the program be duplicated by other communities:** Using the promotora model for outreach campaigns can be used throughout the Southwest. The CASA program is already working with other communities in California and Arizona on implementing similar programs. Although rooted in the Latino culture, the model can be modified for other communities. The key element for success in any community is community members who are respected, well trained and devoted to improving their community's environmental health.

### **Telemedicine**

**a) How those receiving outreach will be identified, tracked and served, especially those in high-risk groups and communities, vulnerable populations and those traditionally underserved:** St. Elizabeth's staff will make the connections with all the physicians and others to provide information and education (provide the CME). They will target medical providers from the target area that serve the at-risk population. The participants can attend in person or via telemedicine. St Elizabeth's will document all participants in education and all referrals to SERI.

**b) Proposed approaches to overcome poor response, low attendance or low participation:** The project proposes to give a CME educational program (1.0 CME) for the physicians and other healthcare professionals that attend the training. In the past health care providers have attended courses because it's easy. They are at convenient times and locations.

**3) Method of community education:** The primary method of community education to be utilized is the telemedicine course; however, St. Elizabeth's will provide training in person to health care providers as well. St. Elizabeth's, which is located in the target area, is an Arizona telemedicine location. In addition, there are currently 17 educational telemedicine sites in Tucson and Southern Arizona which can be utilized.

**4) How the education and training methods are culturally sensitive and targeted to the specific target audience:** St Elizabeth will target health care providers and community members in the target area. They already have provided telemedicine courses as a telemedicine center. They have established protocols for reaching health care providers and community members in the target area. The course will be taught in English with a Spanish translator available. All course material will be available in English and Spanish. The course will be reviewed by St. Elizabeth's medical staff, SERI staff and LHCP staff prior to implementation to ensure the accuracy and quality of information.

**5) How and why specific outreach materials will be utilized:** The course will be developed from existing material and will follow the format of previous courses taught by St. Elizabeth's. The training will have two components: the first will be medical information on the hazards of lead; the second will be information on the lead outreach program and the LHCP. All the referral tools will be explained. The goals are: 1) to increase awareness of the potential for childhood lead poisoning leading to an increase testing of children under six and 2) an awareness of the LHCP leading to medical

providers referring families to SERI and/or St. Elizabeth's for home visits (or at a minimum providing information to families).

**6) How to ensure that the activities will not duplicate actions of other local organizations:** St. Elizabeth's has provided telemedicine courses in the past and is a telemedicine center. They coordinate classes with the University of Arizona and Pima Community College and are aware of current classes that are offered.

**7) Can the program be duplicated by other communities:** Any community with a telemedicine center can duplicate the course.

### **c. Organization and Implementation of the Project**

#### **1) Workplan**

##### **TASK 1. Develop GIS Maps for Targeted Home Visits**

**Responsibility:** Environmental Scientist, SERI **Completion Date:** 2/01/09

**Required Resources:** Data and GIS software

**Deliverables:** Usable maps and analysis for promotoras to target home visits

1a. Obtain data from St. Elizabeth's and the City of Tucson

1b. Fill in missing data, if possible

1c. Format data and upload to GIS software

1d. Conduct analysis

1e. Develop and print maps and charts for use

**MILESTONE:** Completion of usable maps for promotoras.

##### **TASK 2. Conduct 1,000 Home Visits in Target Area**

**Responsibility:** Project Director and Manager, SERI **Completion Date:** 8/01/10

**Required Resources:** Target maps, home visit packets, home visits database

**Deliverables:** Home visit packets, home visits database and statistics

**Measurable outcomes:** 1) Total number of home visits completed, 2) number of home visits completed to minority low-income families with children under six, and 3) number of children under six reached

2a. Prepare packets for home visits - 11/1/08-12/1/08

2b. Assign promotoras to neighborhoods to conduct home visits - 11/1/08

2c. Conduct home visits - 11/1/08-2/1/09

2d. Input data into home visits database - 11/1/08-2/1/09

2e. Review target maps and statistics from completed home visits and revise promotora distribution as needed - 2/1/09-3/1/09

2f. Conduct home visits - 2/1/09-8/1/10

2g. Continue data input, review of statistics and preparation of packets - 2/1/09-8/1/10

2f. Calculate statistics for reports - 11/1/08-8/1/10

**MILESTONE 1:** Completion of 500 home visits in target area.

**MILESTONE 2:** Completion of 1,000 home visits in target area.

**MILESTONE 3:** Reaching 50 children less than six in the target area.

**MILESTONE 4:** Reaching 100 children less than six in the target area.

**TASK 3. Refer 100 Families from the Target Area to the LHCP**

**Responsibility:** Project Director and Manager, SERI **Completion Date:** 9/01/10

**Required Resources:** Completed home visits, referral forms, continuation of the LHCP

**Deliverables:** Home visits database and statistics

**Measurable outcomes:** Number of families referred to the LHCP and of those referred number that enter the LHCP

3a. Obtain referral forms from promotoras conducting home visits

3b. Review forms for accuracy

3c. Deliver reviewed forms to the LHCP

3d. Input data into home visits database

3e. If needed, arrange and attend visit to the family with the LHCP

3f. Calculate statistics for reports.

**MILESTONE 1:** Referral of 50 families to the LHCP.

**MILESTONE 2:** Referral of 100 families to the LHCP.

**TASK 4. Complete a minimum of 10 community outreach activities**

**Responsibility:** Project Director and Manager, SERI **Completion Date:** 9/01/10

**Required Resources:** Powerpoint presentation, information booth, home visit packets

**Deliverables:** Powerpoint presentation, information booth

**Measurable outcomes:** 1) Number of community outreach activities, 2) number of families signing up for home visits, and 3) when possible number of attendees. If counting the number of attendees is difficult, number of outreach materials distributed.

4a. Contact Sunnyside, Tucson Unified and Amphi School Districts for dates of community events, health fairs and PTA meetings - 11/1/08-12/1/08

4b. Contact Head Start Programs to arrange presentations with parents - 11/1/08-12/1/08

4c. Contact Tucson Fire Department Fire Prevention Unit for dates of community events - 11/1/08-12/1/08

4d. Review community calendar for upcoming events - 11/1/08-8/1/10

4e. Schedule and attend community events and presentations - 11/1/08-9/1/10

4f. Sign up families for home visits at events and distribute information - 11/1/08-9/1/10

4g. Refer families to promotoras for home visits - 11/1/08-9/1/10

4h. Contact Spanish newspapers for radio stations for articles and interviews - 1/1/09-4/1/09. (The program has contacts with these organizations and has been successful in the past in receiving publicity.)

4i. Track number of presentations, participants and requested home visits in the presentation database - 11/1/08-9/1/10

4j. Calculate statistics for reports - 11/1/08-9/1/10

**MILESTONE 1:** Completion of 5 presentations in target area.

**MILESTONE 2:** Completion of 10 presentations in the target area.

**TASK 5. Complete telemedicine course to 100 health care providers from the**

**target area**

**Responsibility:** ██████████, St. Elizabeth's **Completion Date:** 9/01/10

**Required Resources:** Presentation, telemedicine locations, Course material and handouts

**Deliverables:** Telemedicine course

**Measurable outcome:** 1) Number of trained health care providers from the target area and 2) number of courses completed

5a. Develop and review telemedicine course - 11/1/08-2/1/09

5b. Schedule first telemedicine course - 2/1/09-3/1/09

5c. Contact health care providers and invite them to the course - 2/1/09-3/1/09

5d. Hold the first telemedicine course - 4/1/09-5/1/09

5e. Review the results and evaluations from the course, modify course as necessary - 5/1/09-6/1/09

5f. Schedule telemedicine courses - 6/1/09-7/1/09

5g. Contact and invite health care providers and rural communities - 6/1/09-8/1/10

5h. Hold telemedicine courses - 6/1/09-8/1/10

5i. Track course participants and calculate statistics- 4/1/09-9/1/10

**MILESTONE 1:** Development of telemedicine course.

**MILESTONE 2:** 100 health care providers from the target area trained.

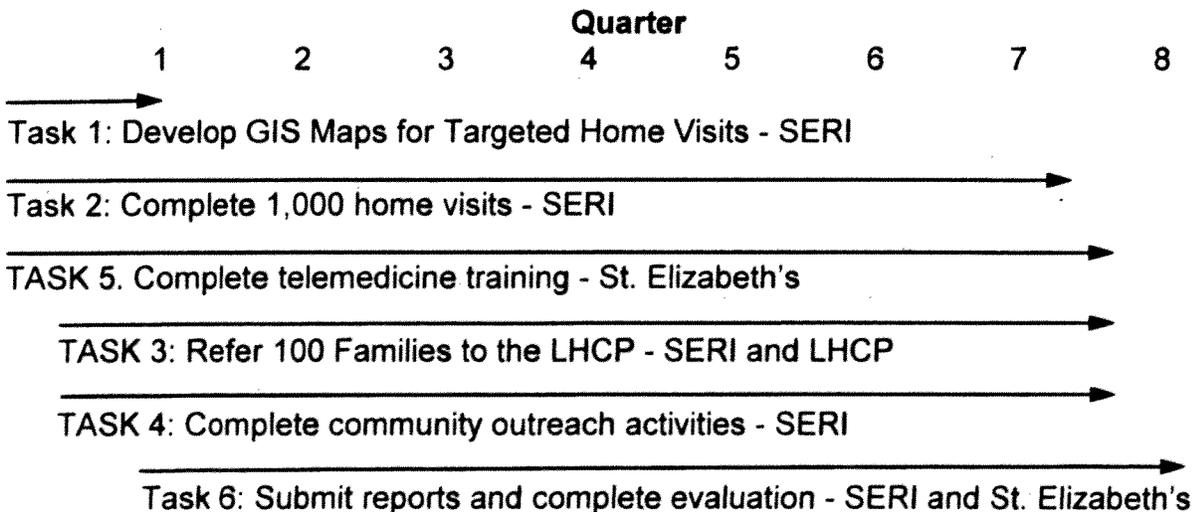
**TASK 6. Complete required reports and ongoing evaluation**

**Responsibility:** Project Director - SERI **Completion Date:** 11/01/10

**Required Resources:** Statistics from home visits and presentations databases, reports from St. Elizabeth's

**Deliverables:** Quarterly, annual and final reports

**2) Process flow chart - Tasks by Quarter**



**3) Project management and oversight to ensure goals are met and resources are used efficiently:** The program will be administered and monitored by the Project

Director and her staff. Team meetings will be held weekly to give updates, track progress toward goals and discuss any problems that exist. Each month St. Elizabeth's and the Project Manager will provide statistics on current activities to the Project Director who will track the progress toward goals. The Project Director will approve all expenditures and will develop monthly budget reports. These reports will be reviewed and approved by the Treasurer of the organization. Quarterly the Project Director and Treasurer will review the progress of the program and make adjustments as needed.

**4) Management processes to be used to ensure the cost-effectiveness of activities and how expenditures will be tracked:** As previously mentioned, SERI will enter into an agreement with St. Elizabeth's. SERI will reimburse St. Elizabeth's on a cost reimbursement basis. St. Elizabeth's will submit billing statements on a monthly basis. Only those costs, which are determined to be allowable, allocable, and reasonable in accordance with the cost principles of OMB Circular A-87, and OMB Circular A-122 will be reimbursed. Request for Payment forms will be submitted to the Project Director of the Lead Outreach Program who must approve all work before any payment is made. Absolutely no funding will be advanced to contractors for labor or materials. All expenditures will be tracked in the organizations accounting software. Quarterly, budget reports will be produced giving expenditures to date and total expenditures.

Semi-annually the cost-effectiveness of the outreach methods will be evaluated. Effectiveness will be evaluated by reviewing: 1) the average cost of a home visit, 2) the average cost of a community presentation, workshop, health or training course, and 3) the average cost of a telemedicine course.

**5) Responsibility for quality control of processes and materials:** The Project Director is responsible for overall quality control of the program. The Project Director and [REDACTED] from St. Elizabeth's are responsible for the quality control of materials produced by St. Elizabeth's. The Environmental Scientist is responsible for the quality control of the completion of the home visits forms, referrals to the LHCP and the databases. She will periodically review forms, referrals and databases for quality and discuss her findings with the Program Manager. The Program Manager is responsible for the quality control of home visits. She will periodically accompany promotoras on home visits to assess the quality and if needed conduct additional training classes or a review of procedures.

#### **d. Institutionalization of the Program**

**1) How lead poisoning prevention will be incorporated into SERI's permanent programs:** SERI will continue its role on the Tucson Lead-Based Paint Outreach Collaboration after the grant period has ended. SERI has incorporated lead poisoning prevention in its promotora training classes and will continue to do so. All home visits packets and information displays will continue to contain lead outreach material after the grant period has ended, and SERI will continue to refer families to the LHCP.

**2) How the program compliments or supports existing local/regional programs:**

The program directly supports the City of Tucson LHCP by referring families to the LHCP and by educating community members on the existence and goals of the LHCP. The outreach program is one of the main ways that the LHCP reaches traditionally underserved communities in Tucson. SERI and St. Elizabeth's reach an at-risk community that the LHCP staff may not reach because of language and cultural barriers. The program also supports Arizona Department of Health Services by distributing their information on lead poisoning prevention.

**e. Budget Narrative**

Budget details for each category are given below.

**Direct Labor and Fringe Benefits:** The yearly costs for direct labor and fringe benefits are given below. SERI's fringe benefit rate is 25% of salary which includes FICA and Medicare. The Environmental Scientist will conduct GIS analysis of data and quality control of home visits and referrals. The Lead Promotora, the Project Manager, oversees day-to-day activities and conducts home visits. The Promotoras conduct home visits. The Student assists with all tasks. No Federal funds are requested for the Project Director.

Position	Hours/Year	Rate/Hour	Salary	Fringe
Env. Scientist	1040	\$14.00	\$14,560	\$3,640
Lead Promotora	2080	\$12.00	\$24,960	\$6,240
Promotora	520	\$11.00	\$5,720	\$1,430
Promotora	520	\$11.00	\$5,720	\$1,430
Student	520	\$8.00	\$4,160	\$1,040
Total Year 1			\$55,120	\$13,780
TOTAL			\$110,240	\$27,560

**Travel:** Travel costs are mileage for completing home visits and attending community presentations. The budget includes funds for 10,000 miles per year at \$0.585 per mile which gives a total grant cost of \$11,700.

**Supplies and Materials:** The budget includes \$2,000 per year for home visit supplies or \$4,000 for the grant period. Supplies include folders, paper, nametags, lead swabs etc. Each family receives a packet of information during home visits, and if desired the promotora tests items (not paint) for lead.

**Subgrantee:** St. Elizabeth's is a subgrantee and has a requested budget of \$77,416 for the grant period. This includes funds for a full-time promotora at \$10.00 per hour with a 26% fringe benefit rate and \$25,000 for developing and implementing the telemedicine and local training courses. A full-time promotora is needed to develop the courses, contact and register health care providers and community members, organize the courses, keep records, compile statistics and write reports. (A separate budget form, HUD-424-CBW-Elizabeth.xls is attached for St. Elizabeth's.)

**Other Direct Costs:** These costs for the grant period include printing of forms and

brochures at \$4,860, advertisements (bus shelters, Spanish newspapers etc.) at \$10,000 and cell telephones for the promotoras at \$4,800. Yearly printing costs were estimated at 14,600 units at \$0.15 and 1,200 units at \$0.20. Cell telephones are a requirement for the promotoras as they are traveling throughout the community.

**Indirect Costs:** Indirect costs are calculated at 10% of Total Direct Labor and Fringe Benefits.

**Costs Estimates by Task:** The estimated cost of requested funds for each task is given below along with a justification.

<b>Task</b>	<b>Estimated Cost</b>	<b>Justification</b>
TASK 1. Develop GIS Maps for Targeted Home Visits	\$17,875	Includes 780 hours from the Environmental Specialist and 260 hours of assistance from the student. Maps are needed to target home visits.
TASK 2. Conduct 1,000 Home Visits in Target Area	\$122,517	This is the main project task and uses much of the requested budget. The costs include 75% of the Project Manager's time as well as time from all other staff. The costs also include 75% of the supplies, printing and advertising costs, and 90% of travel and cell telephone costs.
TASK 3. Refer 100 Families from the Target Area to the LHCP	\$17,493	The requested budget includes funds for the Project Manager and Environmental Specialist to review home visits forms, make referrals to the LHCP and maintain the database, and 10% of the St. Elizabeth promotora to refer families to SERI.
TASK 4. Complete community outreach activities	\$20,236	The requested budget includes 10% of the Project Manager's time as well as time from all other staff. The costs also include 25% of the supplies, printing and advertising costs, and 10% of travel and cell telephone costs.
TASK 5. Complete telemedicine course to 100 health care providers from the target area	\$78,799	This is the other main project task. It includes most of the costs for St. Elizabeth's as well as 10% of the Environmental Specialists time who will maintain the database and calculate statistics.
TASK 6. Complete required reports and evaluation	\$7,436	The requested budget includes 10% of the Project Manager and Environmental Specialist's time. The Project Director will spend much of her time completing reports and conducting the ongoing evaluation. Her time is an in-kind contribution. St. Elizabeth's staff will also assist with reports and the ongoing evaluation as an in-kind contribution.
<b>TOTAL</b>	<b>\$264,356</b>	This is the total requested budget for the project.

#### **RATING FACTOR 4: LEVERAGING RESOURCES**

**a. Contributed Resources**

SERI and St. Elizabeth's are dedicated to the success of this project and have committed the following in-kind resources:

<b>Organization</b>	<b>Contributed Resources</b>
SERI	[REDACTED]
St. Elizabeth's	[REDACTED]
TOTAL	[REDACTED]

This is a [REDACTED] in-kind match of the Federal funds requested for the project.

**b. Coordination with Other Organizations not Directly Participating**

Through the CASA Community Advisory Board SERI coordinates with the Arizona Department of Health Services (ADHS) , the Arizona Department of Environmental Quality (ADEQ), the University of Arizona (UA), the Pima County Department of Environmental Quality (PDEQ), Amphi School District (Amphi), Tucson Unified School District (TUSD), the Community Food Bank, United Way, Tucson Fire Department (TFD), SEAHEC and Tucson Water. These organizations are all concerned about the wellbeing of Tucson's families in some manner. ADHS and SERI coordinate on lead outreach programs and distribution of outreach materials. ADHS also keeps SERI staff up-to-date on activities and news regarding lead poisoning prevention. SEAHEC, TFD, PDEQ, UA and Tucson Water coordinate with SERI on promotora training classes. PDEQ and SERI coordinate on air monitoring for heavy metals including lead. Amphi and TUSD refer families to SERI and help coordinate outreach events.

**c. Potential to be financially self-sustaining**

The program has the potential to be self-sustaining after the grant period. SERI has been successful in receiving local funding in the past for home visits. But more importantly, after the grant is completed all of the systems, forms, and materials will be in place allowing SERI and St. Elizabeth's to continue outreach activities at minimal cost. However, the program can continue outreach but relies on the continued existence of the City of Tucson's LHCP for lead abatement and control.

**FACTOR #5: ACHIEVING RESULTS AND PROGRAM EVALUATION**

An eLogic Model that describes services, assessments, outcomes, projections and evaluation tools for the Lead Outreach Program has been completed and is discussed below.

**a. Indicators to track progress**

**1) Total number of home visits completed:** This indicator relates to the project goal of reaching 1,000 families in the target area. It will be measured by project specific forms that are completed during and after the home visits. Forms will be reviewed for accuracy, and the data entered into the agency database. The Milestones for this indicator are the completion of 500 visits by the end of Year 1 and 1,000 visits by the end of Year 2. The number of visits will be tracked monthly to monitor progress.

**2) Number of home visits to low-income, minority families with children less than**

**six and number of children reached:** This indicator relates to the project goal and outcome of reaching 250 children less than six in the target area. It will be tracked by project specific forms and by questionnaires. Forms and questionnaires will be reviewed for accuracy, and the data entered into the agency database. The Milestones for this indicator are reaching 50 children under six by the end of Year 1 and 100 by the end of Year 2. The number will be tracked monthly. If home visits are not reaching children, the home visit target area will be revised.

**3) Number of community presentations, health fairs, workshops or training courses given:** This indicator relates to the project goal of conducting 10 outreach events in the target area. The Milestones for this indicator are the completion of 5 outreach events by the end of Year 1 and 10 by the end of Year 2. The number will be tracked as completed and progress monitored quarterly.

**4) Number of attendees at community presentations, health fairs workshops and training courses, and 5) Number of children reached through presentations, health fairs, workshops and training courses.**

These two indicators relate to the project goal and outcome of reaching 250 children less than six in the target area. They will be tracked by attendance logs and questionnaires. Logs and questionnaires will be reviewed for accuracy, and the data entered into the agency database. The Milestones for these indicators are reaching 125 children under six by the end of Year 1 and 250 by the end of Year 2. The number will be tracked monthly. If community events are not reaching children, the target area will be revised.

**6) Number of referrals to the City of Tucson LHCP:** This indicator relates to the goal of referring 100 families to the LHCP and will be tracked by referral forms. The forms will be reviewed for accuracy, and the data entered into the agency database. If home visits are not resulting in referrals, the target area will be revised.

**7) Percentage of those referred to the LHCP receiving home repairs and 8) Number of units made lead-safe as a result of the outreach program.**

These indicators relate to the outcome of 50 owners receiving home repair. If referrals are not resulting in home repairs and lead-safe units, training procedures and the target area will be revised. The goal is 25 units by the end of Year 1 and 50 by the end of Year 2. The indicators will be tracked from progress reports from the LHCP.

**8) Number of medical providers from the target area trained about lead poisoning prevention:** This indicator relates to the goal of training 100 medical providers from the target area. It will be tracked by attendance logs. The first Milestone is the development of the training class; the second is completing training to 100 providers.

**9) Number of medical providers that were trained referring families to SERI for home visits or distributing program information:** This indicator relates to the goal of forming 4 new partnerships with minority serving and community or faith based organizations. It also relates to the goal of completing 1,000 home visits. It will be tracked through partnership agreements and numbers of referrals received from medical providers in the target area. The goal is 2 new partnerships each year of the grant. If at the end of Year 1, no medical providers are participated, the training class will be revised after surveying former participants.

**10) Number of outreach materials on the LHCP distributed to the target population:** This indicator relates to the goal of referring 100 families to the LHCP and the outcome of owners receiving home repair and a lead-safe home. The goal is distribution of materials to 100 persons by the end of Year 1 and 200 by the end of Year 2. It will be tracked through project specific forms completed during home visits. The forms will be reviewed, and the data entered into the agency database. Progress will be tracked monthly.

**11) The average cost of a home visit, 12) The average cost of a community presentation, workshop, health or training course, and 13) The average cost of a telemedicine course.**

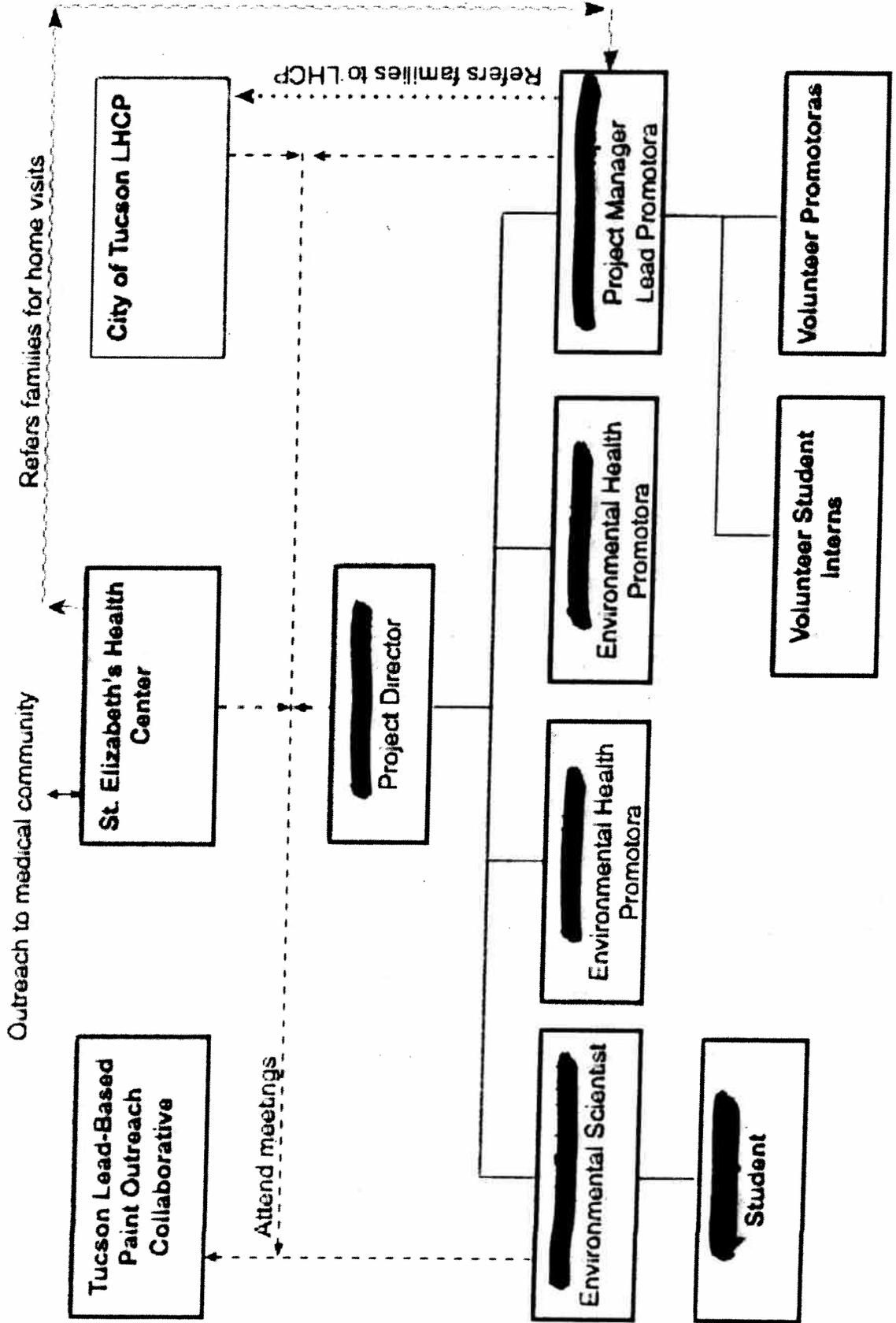
These indicators will be used to evaluate the cost effectiveness of the program. They will be tracked through the agency database and accounting program. Every six months the costs will be reviewed and analyzed for effectiveness.

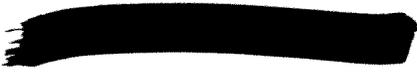
As outlined in the eLogic Model, the project provides outcomes and evaluation measures that support **HUD Needs, Goals and Priorities**. Home visits, health fairs and community outreach activities support the goal of strengthening communities - foster a suitable living environment in communities by improving physical conditions and quality of life, the priority of improving our nation's communities - make our communities more livable, and the need for increased public awareness of childhood lead poisoning.

The telemedicine courses support the goal of promoting participation of faith-based and other community organizations - encourage partnerships between faith-based and other community organizations and HUD's grantees and subgrantees, the priorities of providing full and equal access to grassroots faith-based and other community organizations in HUD Program Implementation and participation of Minority-Serving Institutions (MSIs) in HUD Programs, and the need for education of the medical community about lead poisoning prevention.

Distributing materials about the LHCP to the target population supports the goal of strengthening communities - mitigate housing conditions that threaten health, the priority of improving our nation's communities - improve the environmental health and safety of families living in public and privately owned housing, and the need for providing information to homeowners and low-income occupants about resources and lead hazard control programs.

# SERI LEAD OUTREACH PROGRAM ORGANIZATION CHART



  
**OFFICE ADDRESS**

3202 E. Grant Road  
Tucson, Arizona 85716  
520-321-9488  
aawolf@seriaz.org

**EXPERIENCE**

**Sonora Environmental Research Institute, Inc. (SERI), Tucson, Arizona, 9/94-present.**  
*President*

- Sets overall goals and direction of the nonprofit organization whose mission is to preserve the environment and protect human health through the development of a sustainable future.
- Provides technical assistance to community groups on air quality and hazardous waste issues and acts as a liaison between communities and regulatory agencies.
- Directs research program to identify local air toxic hot spots, monitor for applicable air toxics, estimate personal exposure and identify industry sectors for target actions.
- Started the program Community Assist of Southern Arizona (CASA) to reduce children's exposure to environmental pollutants along the Arizona/Mexico border. CASA informs residents about the sources of contaminants and strengthens their ability to tackle the problem and come up with solutions.
- Oversees research activities on determining heavy metal contamination of household items and home remedies used along the United States/Mexico border. Guides development of educational and outreach materials on research results.

**Pima County Department of Environmental Quality, Tucson, Arizona, 3/91-9/94.**  
*Deputy Director*

- Oversaw compliance and enforcement activities. Coordinated with the Pima County Attorney's Office and the State of Arizona Attorney General's Office on case development. Testified as an expert witness on hazardous waste and water quality cases.
- Implemented hazardous waste compliance, inspection and enforcement program after receiving delegation from the State of Arizona.
- Started business assistance program to assist businesses with pollution prevention and compliance issues.
- Organized training program for the department.
- Prepared departmental budget of approximately \$3 million.
- Ushered county environmental ordinances through development to passage by the County Board of Supervisors.

**Hughes Aircraft Company, Tucson, Arizona, 6/89-3/91.**  
*Senior Environmental Engineer*

- Project manager of the electroplating waste abatement team which significantly reduced the Company's generation of hazardous waste.
- Developed and managed the Company environmental audit program.
- Monitored environmental compliance for four plant sites.

**Vega Biotechnologies, Inc.**, Tucson, Arizona, 3/89-6/89.

*Manager, Quality Assurance, Environmental Compliance, and Regulatory Affairs*

- Managed the Quality Assurance and Quality Control departments.
- Managed the environmental program including waste removal, compliance, training, regulatory affairs, and the wastewater treatment facility.

**Genelabs, Inc.**, Redwood City, California, 4/86-11/88.

*Manager, Facilities Engineering, 7/87-11/88.*

- Managed the instrumentation, calibration, validation and janitorial departments.
- Member of the Institutional Review Board that reviewed research projects.

*Health and Safety Officer, 4/86-11/88.*

- Initiated, organized, and managed the Health and Safety Committee.
- Coordinated the hazardous waste removal and minimization program.
- Responsible for compliance with federal, state, and local health and safety regulations, including OSHA, SARA Title III, RCRA and Proposition 65.

*Manufacturing Engineer, 4/86-7/87.*

**Calgene, Inc.**, Davis, California, 1/85-1/86.

*Research Associate*

- Conducted research in fatty acid modification and designed scaleup systems.

## **RELATED EXPERIENCE**

Arizona Community College Teaching Certificate: Chemistry, Math, Biology and Engineering, #13468.

Instructor, Pima Community College, Chemistry and Engineering - 1991-2003.

Instructor, Pima Community College, Environmental Issues Overview - 1992.

## **COMMITTEES**

Member, Environmental Protection Agency Good Neighbor Environmental Board - 2004-present.

Member, Pima County Wastewater Management Department Advisory Committee - 2002-present.

Member, City of Tucson Environmental Services Advisory Committee - 2005-2006.

Member, Pima County/City of Tucson Household Hazardous Waste Program Steering Committee - 1991-present, Chair 1994-2000 and 2007 - present.

Member, University of Arizona, Women in Science and Engineering Advisory Board - 1992-2001.

Member, Governor's Committee on Special Wastes Best Management Practices - 1991-1994.

President, Southern Arizona Environmental Management Society - 1991-1992.

Chair, Southern Arizona Environmental Management Society Scholarship Committee - 1990-1996.

## **PATENTS**

Wolf, A. A., Garb, W. R and J. L. Lindquist, "Abrasive Compositions Including Cullet", Issued 10 September 2002, #6,448,216.

## EDUCATION

University of California, Davis, California  
University of Minnesota, Minneapolis, Minnesota

M.S. Chemical Engineering, 3/87  
Bachelor of Chemistry, 6/81  
B.S. Biochemistry, 3/81

## SELECTED PUBLICATIONS

- Spitz, A. H., Wolf, A. A., Olson, G., Závodská, A. and M. Algharaibeh, "Characterization of the Solid Waste Stream of the Tohono O'odham Nation," *Journal of Environmental Health*, Vol. 65, No.8, 2003.
- Crank, M. L., Kern, J. M., Lindquist, J. L., Spitz, A. H., Wolf, A. A., and A. Závodská (2000) "Low Cost Optical Sorter for Recyclable Materials," Final Report submitted for ADEQ Grant WRA-99-0047AD, 2000.
- Algharaibeh, M., Kern, J. M., Lindquist, J. L., Spitz, A. H., Wolf, A. A., Závodská, A. and A. Závodská (2000) "A New Use for Mixed Glass Cullet," Final Report submitted for ADEQ Grant WRA-99-0047AC.
- Wolf, A. A., Uthe, D. W. and A. H. Spitz, "Creating a Regional Program for a Diverse Community". *Proceedings from the 1999 SWANA/NAHMMMA Hazardous Materials Management Conference*, 1999.
- Wolf, A. A., Crank, M. and A. H. Spitz, "Low Cost Colorimeter for the Sorting of Glass and Plastic: Initial Research Phase", Final Report submitted for EPA Grant X-999845-01-0, 1998.
- Wolf, A. A., Kettler, L. E., Leahy, J. F. and A. H. Spitz, "Surveying Household Hazardous Waste Generation and Collection Trends in Arizona", *Journal of Environmental Health*, Vol. 59, No. 7, 1997.
- Wolf, A. A. and A. H. Spitz, "Emerging Technologies for Rapid Testing of Pollutants", *Proceedings of the Society of Women Engineers 1995 Annual Conference*, 1995.
- Spitz, A. H., Wolf, A. A. and J. Ruiz, "Source Apportionment for Lead Exposure", *Proceedings of the Society of Women Engineers 1995 Annual Conference*, 1995.
- Spitz, A. H., Wolf, A. A., Uthe, D. and M. Holcomb, "Arizona Programs Helps Solve Small Business Waste Problem", *Environmental Solutions*, Vol. 8, No. 2, 1995.
- Spitz, A. H., Wolf, A. A. and M. Holcomb, "Implementing a Conditionally Exempt Small Quantity Generator Program", *Waste Age*, Vol. 25, No. 8, 1994.
- Leal, J. A., and A. A. Wolf, "Hughes Aircraft Company - A Model to Evaluate Waste Minimization Options for Electroplating Processes", *Pollution Prevention*, Vol. 2, No. 2, Spring 1992.
- Leal, J. A., Wolf, A. A., Padilla, R. A. and N. J. Preimesberger, "Selection Criteria and Evaluation Methodology for Waste Minimization Alternatives in the Electroplating Industry", *Proceedings of the American Institute of Chemical Engineers 2nd Pollution Prevention Conference*, August, 1991.
- Rose, R. and A. A. Wolf, "Waste Minimization for the Printing Industry", *PDEQ Dialogue*, August 1991.
- Wolf, A. A., "Medical Waste Technology Update", *PDEQ Dialogue*, August 1991.
- Peterson, D. and A. A. Wolf, "Waste Minimization for the Electroplating and Surface Coating Industry", *PDEQ Dialogue*, June 1991.
- Beilke, P. J. and A. A. Wolf, "Industry Self-Evaluation Through Environmental Auditing", *Environmental Management Review*, Government Institutes, No. 19, First Quarter 1991.

**SONORA ENVIRONMENTAL RESEARCH INSTITUTE, INC**  
**JOB DESCRIPTION FOR LEAD PROMOTORA**

**QUALIFICATIONS**

Qualified candidates must:

- Have a minimum of four years experience as a promotora;
- Have completed the Environmental Health training module from the CASA program;
- Have completed a Community Health Advisory certificate program;
- Have completed home visits and community outreach activities;
- Have basic computer skills;
- Be bilingual in English and Spanish; and
- Be eligible to work in the United States.

Comparable training or experience may be substituted for the above.

**RESPONSIBILITIES**

**Lead Promotora - Lead Outreach Program**

- oversee day-to-day activities of the lead outreach program
- organize home visits and community outreach activities
- direct promotoras conducting home visits
- coordinate promotora training classes
- refer eligible families to the City of Tucson LHCP
- input data into computer databases and calculate statistics
- write monthly reports
- attend community advisory board meetings
- represent SERI at community meetings
- interact and coordinate with partner agencies in the Lead Outreach Program

**Lead Promotora - Air Toxics and Community Participation Program**

- organize community mapping to identify sources that weren't previously identified
- assist with the development of community risk maps
- organize the air quality bucket brigade program and analyze results
- organize outdoor order logs and analyze results
- oversee neighborhood tree program
- input data into computer databases
- write monthly reports
- attend community advisory board meetings

**Lead Promotora - Business Pollution Prevention Program**

- coordinate business visits
- conduct follow-up business visits
- organize workshops for business

- help research pollution prevention techniques
- input data into computer databases
- write monthly reports
- attend community advisory board meetings

### **COMPENSATION**

- Rate of pay is \$12.00 per hour.
- 120 hours of paid time off per year
- 8 hours of personal time per year
- 11 paid holidays

### **HOW TO APPLY**

Complete an application form and mail or deliver to:

[REDACTED]  
Sonora Environmental Research Institute, Inc.  
3202 E. Grant Rd.  
Tucson, AZ 85716

If you have questions, please call [REDACTED] at [REDACTED]

Sonora Environmental Research Institute, Inc. is an equal opportunity employer.

## RESUME

NAME	TITLE and ORGANIZATION
[REDACTED]	Program Director Community Outreach/Volunteers: St. Elizabeth of Hungary Clinic

Education/Training			
INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY
St. Louis University, St. Louis, Mo.	Bachelor of Science Degree in Nursing BSN	1970	Nursing
University of Illinois Public Health Coronary Care Intensive Care C	Certification	1971	Coronary Intensive Care
Washington University Public Health Program	Certification	1972	Public Health
Stroke/Neurological Intensive Care	Certification	1974	Stroke/ Neuro Intensive Care
Aquinas Institute, St. Louis, Mo.	Master of Arts in Pastoral Studies	1983	Social and Pastoral Care

### 1. Professional experience

2004 – Present, St. Elizabeth of Hungary Clinic, Tucson, Arizona; Program Director Community Outreach and Volunteers: Develops/coordinates community programs including SeniorWell, Mobile Podiatry, and Promotora Outreach, community screenings, At Risk Community Sweeps. Coordinates volunteer programs, graduate /undergraduate and promotora internships and writes grants to support programs.

1998 – 2004 Project Unmet Needs, Cairo, Illinois; Co Administrator; Researched, developed/established community outreach program for the medically underserved elderly in Cairo, Southern Illinois and surrounding county, a rapidly deteriorating rural area. Coordinated medical compliance support including med and diabetic routines, foot care, emergency access, as well as assisting in communications with physicians and medical facilities. Networked extensively with various providers located in a diverse geographic area. Wrote grants to help fund additional services including a healthy garden distribution program, medication assistance, and support personnel. Developed a public garden for the purpose of distributing vegetables for the elderly. Provided advocacy, casemanagement and education on a one-to-one basis. Developed a Community Advisory Board to assist the operations of the overall Program.

1995 – 1998 St. Clement Health Services, Red Bud, Il. Community Health Education Coordinator: Coordinated and provided programs, screenings and inservices for the public of a preventative and disease-oriented nature. Worked with City Strategic Planning Group to develop and facilitate a community-wide Wellness Task Force to address the area health needs. Conducted a community wide wellness appraisal utilizing both a Wellness Indicator and Health Risk Appraisal Tool.

1990 - 1994 St. Elizabeth of Hungary Home Health Program, Tucson, AZ.; Program Director for Home Health and MOPED; Developed, administered, coordinated home health program for persons who fell through the cracks of health care system as well as Mobile Podiatry, Eyeglass and Denture grant program. Nursing Supervisor for DD Home. Provided direction and supervision for medical policy, procedure, staffing, training, and care for clients and staff of medical DD group home, a new endeavor for the Arizona Developmentally Disabled System. (6 month subcontract)

1986 - 1989 Clementine Residence, Red Bud, Il. Nursing Supervisor; Responsible for updating/renovating to establish a care program for medical/nursing care of sick and elderly Catholic Sisters.

1983 - 1986 St. Mary's Hospital, East St. Louis, Il. Program Director, Hospice/Home Health. Established and directed licensed Hospice and licensed, certified Home Health Program in high risk crime area.

1979 - 1981 Liberia, West Africa Temporary Substitute for Sister Nurse missionaries, managing clinics in Gardnersville (city) 1 year and clinic in Grand Cess (bush) 1 year during coupe'.

SERI SF-424, Question 16 - Additional Project Congressional Districts

AZ-007