1. * Type of Federal Action:  
   - a. contract
   - b. grant
   - c. cooperative agreement
   - d. loan
   - e. loan guarantee
   - f. loan insurance

2. * Status of Federal Action:  
   - a. bid/offer/application
   - b. initial award
   - c. post-award

3. * Report Type:  
   - a. initial filing
   - b. material change

4. Name and Address of Reporting Entity:  
   - Prime ☐ Subawardee ☑  
     * Name: Housing Opportunities Commission
     * Street 1: 3400 Patrick Avenue
     * City: Kensington
     * State: MD
     * Zip: 20895

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:  
   - Dept. of Housing & Urban Development

7. * Federal Program Name/Description:  
   - Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

8. Federal Action Number, if known: FR-5200-N-09

9. Award Amount, if known: $

10. a. Name and Address of Lobbying Registrant:  
     - Prefix:  * First Name: Not applicable
     - Last Name:  Suffix:
     - Street 1:  
     - City:  

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the inquirer when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

   * Signature:

   * Name:  
     - Prefix:  * First Name: Nancy
     - Last Name:  Suffix:
   
   * Title: Family Self-Sufficiency Program Coordinator
   * Telephone No.: 301-716-1012
   * Date: 03/07/2008

Federal Use Only:  

Tracking Number: GRANT10047086  
Funding Opportunity Number: FR 5200-N-09  
Received Date: 2008-07-05T14:10:04-04:00
Applicant/Recipient Disclosure/Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):
   * Applicant Name: Housing Opportunities Commission
   * Street: 10400 Detrick Avenue
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * Country: USA: UNITED STATES
   * Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

3. HUD Program Name:
   Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

4. Amount of HUD Assistance Requested/Received: $133,042.00

5. State the name and location (street address, City and State) of the project or activity:
   * Project Name: PH ROSS Family Self-Sufficiency
   * Street: 10400 Detrick Avenue
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * 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 [x] 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 [x]

If you answered "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.
Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.
Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation in Project/Activity</th>
<th>Financial interest in Project/Activity ($ and %)</th>
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(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.

<table>
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<th>Signature: [Signature]</th>
<th>Executive Dir.</th>
<th>Date: [mm/dd/yyyy]</th>
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<tbody>
<tr>
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Public Housing Family Self-Sufficiency Funding Request Form

U.S. Department of Housing and Urban Development Office of Indian and Public Housing

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.

1. PHA Information:

Name: Housing Opportunities Commission PHA Number: MD004

Address: 10400 Detrick Avenue

Kensington, MD 20895

Joint Application: Yes ☐ No ☑ If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach addition sheets as necessary):

Name: ___________________________ PHA Number: ___________________________

Address: ____________________________

2. Contact Information for the Person Most Familiar with This Application:

Name: ___________________________ Telephone: ___________________________

E-mail address: ___________________________

3. Application Type: New ☐ Renewal ☑

4. All Applicants – Total Approved Slots: Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

Total number of approved slots: 75

5. Most Recent PHAS Rating: High Performer ☑ Standard Performer ☐ Troubled ☐

6. Funding Category for this Application: 1 2 3 4 1

RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 7 - 9

7. FSS Coordinator Information:

a) FY under which your FSS Coordinator position was last funded: 2007
b) Number of positions funded: 9

c) Number of positions requested under this NOFA: 9

17,747; 12,620; 13,889; 9,318; 14.

13,889; 39,406; 5,608; 9,338

(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA.)

d) Annual salary requested for each FSS Coordinator(s) (Please list all.): $ 309,10,807; 39,406; 5,608; 9,338

e) Total funding requested for program coordinator salary(ies): $ 133,042

f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No

8. Reporting to HUD

The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum.

9. Program Accomplishments –

a. 15 Number of years your program has been in existence.

b. 142 The total number of PH FSS participants.

c. 117 The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

d. 82% The percent of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

e. $8,792 The average escrow account distribution paid to Public Housing families that have graduated since October 1, 2000.

f. 90 The number of Public Housing FSS families that have successfully completed their FSS contracts since October 1, 2000.

g. 56% The percent of Public Housing FSS families that have successfully completed their FSS contracts.

h. 43 The number of Public Housing FSS graduates since October 1, 2000 that moved out of public housing.

i. None The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through a ROSS-funded homeownership program.

j. 17 The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTION 10

10. FSS Coordinator Information:

a) Annual salary requested for the FSS Coordinator position: $

(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA)

b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: Yes No
You are our Client!  
Grant Applicant Survey

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 7th 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 F1 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)):  
   Federal Register  
   Grade:  
   aC-Helpful

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):  
   PH FSS NOFA Logic Model Training  
   Date(s):  
   Grade:  
   5/13/2008 C-Helpful

4. Did you receive information from the Agency Call Center?  
   ☑ Yes ☐ 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? ?  
   ☑ Yes ☐ No  
   If yes, please provide the date(s) and rate the quality of assistance received.  
   Date(s):  
   Grade:  
   6/12/2008 B-Somewhat helpful

6. How could we improve our communications to you and others like you (please explain)?  
   The 6/12 email notification of a change did not make clear what the changes were. We thought that we had to re-download revised Instructions, but that was not the case.

Section 2 – Electronic Grant Application Registration Process

1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year?  
   ☑ Yes ☐ No

2. Do you have access to IBM compatible software?  
   ☑ Yes ☐ No

3. 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:
a. Within your organization? ☐ Yes ☐ No
b. 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: 14.877

1. Did you find the Submission Checklist helpful? ☐ Yes ☐ No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year? ☐ Yes ☐ No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year? ☐ Yes ☐ No
4. Did you find sections of the funding opportunity duplicative? ☐ Yes ☐ No

5. If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.

HUD published the HCV FSS and PH ROSS FSS NOFA's before the Federal Register, so the format was different. It seemed shorter, and it more clearly described the application requirements.

Please provide a Submission Checklist of all required forms and documents in each specific NOFA.

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods? ☐ Yes ☐ No

2. Based on previous years, how easy was it to find grants in the

   More Difficult
   None
   About the same

3. How could finding grant opportunities be improved (please explain)?

   It would be helpful to have an index of the pages in the SuperNOFA, which would make it easier to find each specific NOFA.

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission? Number: 13

2. Did you find the electronic application useful for dissemination purposes? ☐ Yes ☐ No

3. Did the same individual who downloaded the grant application submit the application? ☐ Yes ☐ No

4. Did you know where to look for instructions for completing and submitting the application? ☐ Yes ☐ No

5. At what point in the process did you download and read the Application Instructions? A-Before looking at the application

6. What Section of the Electronic Application Desktop Guide were most useful?
7. How could the Electronic Application Desktop Guide be improved (please explain)?

8. Did you find the Submission Tips helpful?  Grade C-Helpful

9. Did you find the NOFA Application Submission Checklist helpful?  Grade C-Helpful

10. Did you know how to use the attachment form in the application package?  ☒ Yes ☐ No ☐ Do not know

11. Did you have a problem saving your application?  ☐ Yes ☐ No ☐ Do not know

Section 6 – Applicant Information

Organization Legal Name  Housing Opportunities Commission

Address 10400 Detrick Avenue  City Kensington  State MD

Zip Code 20895  Telephone Number: (including area code) [Redacted]

Contact Name: [Redacted]  Email Address: [Redacted]

Section 7 – Suggestions

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

Electronic submission of NOFA's is easier, but it does not allow for explanation/clarification of responses. An Application Submission Checklist for each NOFA including all required forms would have been helpful. It also would have been helpful to have all required & optional forms together in each specific Application download.

On form HUD-52767, the wording of questions in 9 Program Accomplishments is unclear & confusing, & the definitions in the NOFA do not match the wording in the questions in 9. We would greatly appreciate clearer wording in the questions in 9 Program Accomplishments.

See Section 1 #6, Section 3 #5 and Section 4 #3 above.

Thank you.
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</table>

Applicant Name: Housing Opportunities Commission
Project Name: PH FSS ROSS
HUD Program: PHFSS
US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 2008 Pending
Component Name: 0
Instructions for completing this form: All tribes/TDHEs must submit this form in conjunction with their ROSS application.

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Indian Housing Plan.

Applicant Name: Housing Opportunities Commission

Project Name: Public Housing Family Self-Sufficiency Program

Location of the Project:__________________________

Name of the Federal Program(s) to which the applicant is applying: This form is not applicable

Name of Certifying Jurisdiction:__________________________

Title:__________________________

Signature:__________________________

Date:__________________________

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.
Instructions for completing this form: This form is provided to applicants as a sample to use for formalizing agreements with the organization that will serve as the applicant's Contract Administrator. Nonprofits, troubled PHAs, and resident associations must submit a Contract Administrator Partnership agreement with their application and the agreement must be for the full term of the grant. Applicants may elect to use this form, a modification thereof, or their own form provided that the same information is contained therein.

Grant to which you are applying: This form is not applicable

I. General Terms

This partnership agreement is made and entered into by and between the applicant, Housing Opportunities Commission (name of applicant’s organization) and (name of Contract Administrator’s organization) the Contract Administrator (CA), (e.g., the local public housing authority (PHA) or other non-profit organization), hereinafter referred to as “CA”.

WHEREAS, the applicant is submitting the proposal for a Resident Opportunity and Self-Sufficiency (ROSS) or Neighborhood Networks (NN).

WHEREAS, the applicant agrees to comply with all terms and conditions expressed in HUD’s NOFA, applicable provisions of 24 CFR 964 or 24 CFR 984 (for FSS applicants), provisions of the grant agreement entered into with HUD, and provisions contained in this Partnership Agreement.

WHEREAS, the CA supports the applicant’s ROSS/NN application and agrees to provide technical assistance to the applicant in accordance with HUD’s NOFA, HUD regulations and provisions contained in this agreement.

WHEREAS, pursuant to the commitment made by the CA, this agreement is executed outlining the type, scope and extent of services that the CA will provide to the applicant if the grant is funded. If HUD does not fund the grant, this agreement shall be null and void.

II. Roles and Responsibilities

A. Grant Oversight

Under the direction of the applicant, the CA agrees to oversee the administration of the ROSS or NN grant. This includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964/984, 45, 84, and 85 and the following OMB Circulars as applicable:
- A-87 “Cost Principles for State, Local, and Indian Tribal Governments”;
- A-122 “Cost Principles for Nonprofit Organizations”;
- A-110 “Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations”; and
- A-133 “Audits of States, Local Governments, and Non-Profit Organizations”.

B. Grant Coordination

The CA and the applicant will meet weekly to discuss progress, problems incurred, strategies to overcome them, specific areas of responsibility, future activities, and any other issues as necessary.

C. Financial Responsibility

The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD.

D. Performance Measurement

The CA will work with the applicant to ensure that results agreed to by the applicant and HUD are achieved. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

E. Coordinating and Building Partnerships

The CA agrees to coordinate the provision of assistance from grant partners. The CA also agrees to work with the applicant in pursuing additional partnerships/assistance from community organizations, government, and other organizations whose services would benefit residents and the overall grant program. Following are suggested resources:

- Area enrichment programs
- Local Banks
- Chamber of Commerce
- Community Development Agencies
- Private Industry Council
- Local/State Health & Human Services Agencies
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Social Service Organizations
F. Program Assessment and Reporting

The CA agrees to conduct or otherwise assist the applicant in assessing grant activities based on 1) the performance measures in the applicant’s grant proposal submitted to HUD and 2) any revisions to the assessment methodology made by the local HUD field office. For Public Housing FSS applicants, the CA will ensure that the PHA meets its PIC reporting requirements by reporting on the enrollment, progress, and exit of individual families using the HUD-50058 addendum. The CA will ensure that reports to HUD are made as required. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

III. Contract Period

This contract is based on a period of time beginning ___________ and ending ___________.

(NOTE: CAs must be retained for the full term of the grant.)

IV. Termination

Each party may terminate this agreement provided 60 calendar days of written notice is given to the local HUD field office and the other party to this agreement. Applicants may terminate this agreement based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues for resolution have been exhausted, termination by the applicant will require a two-thirds majority vote of the applicant’s Board of Directors/Resident Council.

WITNESS OUR HANDS EFFECTIVE __________________________

____________________________  ______________________________
Applicant Organization  Contract Administrator

____________________________  ______________________________
Applicant Executive Director/  Executive Director
Other Authorized Representative

____________________________  ______________________________
Date  Date
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Housing Opportunities Commission
Project Name: Public Housing ROSS Family Self-Sufficiency
Location of the Project: Countywide

Name of the Federal Program to which the applicant is applying: PH Ross Family Self-Sufficiency
Name of Certifying Jurisdiction: Montgomery County, Maryland

Certifying Official of the Jurisdiction Name: Luann W. Korona
Title: Chief, Community Development Division
Signature: [Signature]
Date: May 23, 2008
Race and Ethnic Data Reporting Form

Program Title: Public Housing Family Self-Sufficiency Program

Grantee/Recipient Name: Housing Opportunities Commission

Grantee Reporting Organization: Housing Opportunities Commission

Reporting Period From (mm/dd/yyyy): 05/01/2008 To (mm/dd/yyyy): 05/31/2008

<table>
<thead>
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<th>Racial Categories</th>
<th>Total Number of Race Responses</th>
<th>Total Number of Hispanic or Latino Responses</th>
</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
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</tr>
<tr>
<td>Black or African American</td>
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</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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</tr>
<tr>
<td>White</td>
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<td>American Indian or Alaska Native and White</td>
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<td></td>
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<tr>
<td>Asian and White</td>
<td>1</td>
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<tr>
<td>Black or African American and White</td>
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<tr>
<td>American Indian or Alaska Native and Black or African American</td>
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</tr>
</tbody>
</table>

* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]

Balance of individuals reporting more than one race

| Total:                                                  | 70                             | 7                                          |

* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under “Other multiple race combinations.”

Public reporting burden for this collection is estimated to average 1.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.
### Section 3 Summary Report

**Economic Opportunities for Low – and Very Low-income Persons**

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

**Office of Fair Housing and Equal Opportunity**

**OMB Approval No:** 2520-0043

**(exp. 11/30/2010)**

**HUD Field Office:**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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<tr>
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<td>Technicians</td>
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<tr>
<td>Office/Clerical</td>
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<td>19</td>
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<tr>
<td>Construction by Trade (List)</td>
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<td>Other (List) (SALES/CHILDCARE/SERVICE)</td>
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**Part 1: Employment and Training**

- Columns B, C, and F are mandatory fields.
- Include New Hire in B, D, and E.

<table>
<thead>
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<th>Job Category</th>
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<td>Professionals</td>
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<td>Technicians</td>
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<td>Office/Clerical</td>
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<td>Construction by Trade (List)</td>
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<td>Trade</td>
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<tr>
<td>Other (List) (SALES/CHILDCARE/SERVICE)</td>
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**Total**

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<tr>
<td>Number of New Hires that are Section 3 Residents</td>
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</tr>
<tr>
<td>Number of New Hires</td>
<td>66</td>
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**Notes:**

- Program Code
- 1 = Public/Indian Housing
- 2 = Section 202/811
- 3 = Public/Indian Housing Development
- 4 = Homelessness Assisted Housing
- 5 = HUD
- 6 = HOME
- 7 = COG/Entitlement
- 8 = COG State Administration
- 9 = Other CO Programs
- 10 = Other Housing Programs
Acknowledgment of Application Receipt

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

Housing Opportunities Commission
10400 Detrick Avenue
Kensington, MD 20895

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying:  Public Housing Family Self-Sufficiency

To Be Completed by HUD

☐ HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

☐ HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:

☐ Enclosed
☐ Being sent under separate cover

Processor's Name ________________________________

Date of Receipt ________________________________
June 5, 2008

Mr. Lee Palman, Director
Office of Public Housing
Department of Housing & Urban Development
D.C. Field Office
820 First St., N.E., Suite 300
ATTENTION: Diane Duke
Washington, D.C. 20002-4205

Dear Mr. Palman,

As required under the 2008 NOFA for the Family Self-Sufficiency Program Coordinators' funding, the Housing Opportunities Commission (HOC) is submitting this letter to confirm the following:

- HOC's plan for Affirmatively Furthering Fair Housing (see enclosed)
- HOC's required Addendum to its Administrative Plan regarding Affirmatively Furthering Fair Housing (see enclosed), approved by the Commission on June 4, 2008
- HUD has on file HOC's Code of Conduct
- Salary comparables for the Coordinator positions (see enclosed)

We are currently preparing our submission for the 2008 NOFA's. Please call FSS Coordinator, [Name] at [Phone] if further clarification is needed.

Thank you for your continued support for the Family Self-Sufficiency Program.

Sincerely,

[Name]
Executive Director

Enclosures
June 6, 2008

Mr. Lee A. Palman, Director
Office of Public Housing
Department of Housing & Urban Development – District of Columbia office
820 First St., N.E.
Washington, D.C. 20002-4205

Ref: 2008 NOFA for Family Self-Sufficiency (FSS) Program Coordinators
Affirmatively Furthering Fair Housing

Dear Mr. Palman,

We are submitting this letter in order to comply with the requirements of the 2008 NOFA for the Family Self-Sufficiency Program (FSS). Please be advised that the Housing Opportunities Commission (HOC) has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

Overcoming the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice

In April 2007, Montgomery County released its most recent Analysis of Impediments to Fair Housing Choice. The Housing Opportunities Commission’s Fair Housing and Equal Opportunities Officer participated in the review of the draft proposal. HOC supports the findings in the document. The impediments are listed below, with a description of HOC’s ongoing efforts to address each of them.

1. Unfair Lending Practices
As a housing finance agency, HOC provides funding for loans for a number of its own homeownership programs. Local lenders qualify and service the mortgagees, which adhere to strict underwriting standards. HOC prohibits the types of loans that are commonly known today as “predatory.” HOC also mandates and provides homeownership counseling for participants in these programs.
HOC’s Fair Housing and Equal Opportunities Officer has also participated in community forums on fair housing and predatory lending.

HOC also serves as a source of volunteers to serve as “testers” that help monitor compliance with fair housing.

2. Lack of general awareness concerning fair housing issues among residents and professionals in Montgomery County
HOC’s Fair Housing and Equal Opportunities Officer regularly participates in fair housing forums throughout the county. In recent years, he has spoken at forums and trainings for the general public, rental property owners and managers, maintenance staff, service providers, and county employees.

HOC’s Fair Housing and Equal Opportunities Officer is also a member of the county’s Interagency Fair Housing Group, which provides policy recommendations to the county government.

3. Lack of currently available affordable housing
HOC is the county’s largest provider of affordable housing. HOC is currently expanding its portfolio of affordable housing. Current efforts include the purchase of a 175-unit senior Section 8 New Construction development as preservation of affordable housing, the new development of tax-credit properties, and the purchase of scattered-site units as new affordable housing.

4. Lack of available, especially affordable, housing for residents with a disability
As noted above, HOC is the county’s largest affordable housing provider. Included in its portfolio are a significant number of units in a variety of federal, state, local and unregulated programs. HOC also administers subsidy programs for persons with mental health issues. Working with outside partners, HOC has also developed permanent and transitional housing for special needs populations. HOC is currently expanding its efforts in each of these areas.

5. Difficulty finding affordable housing, particularly special needs and group housing
Like other developers, HOC must address regulatory and community concerns as it develops housing in the county. HOC has strong working relationships with county planning and housing agencies, as well as community groups and political leaders. In recent years, HOC has successfully found units for special needs housing in a number of locations. HOC is currently working on new sites.

6. Shortage of comprehensive testing and study information on the fair housing environment in Montgomery County
HOC staff supports the county’s testing efforts, as noted above. HOC also uses available demographic and similar data from many sources as it develops its policies and properties.
Remedy discrimination in housing

The Housing Opportunities Commission has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

HOC’s published statement regarding Fair Housing and Civil Rights and the action that HIOC takes to further Fair Housing is stated below:

It is the policy of the Housing Opportunities Commission to fully comply with all Federal, State and local nondiscrimination laws, the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Opportunities Commission’s programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Opportunities Commission will provide Federal/State/local information to applicants, residents and other interested parties regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Opportunities Commission office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Housing Opportunities Commission will assist any family that believes they have suffered illegal discrimination by providing copies of the appropriate housing discrimination forms. The Housing Opportunities Commission will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity and the Montgomery County Office of Human Rights.

In order to continue to promote fair housing and housing choice, the Housing Opportunities Commission, together with its employees and agents:

1. Will agree not to refuse or fail to show, rent or negotiate for the rental or sale of, or otherwise make unavailable a dwelling to any person because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;
2. Will agree not to commit any act of discrimination against any person in items, conditions, or privileges in the sale or rental of a dwelling, or in the provision of services in connection therewith because of the person’s race, color, sex, religion, national origin, familial status, sexual orientation, disability or source of income;

3. Will agree not to interfere with, intimidate, threaten, or coerce any person in the exercise or enjoyment of the right to purchase, sell, rent, or occupy a dwelling in any manner that might result in, or be interpreted as an act of discrimination on the basis of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;

4. Will agree not to make, print, or publish, or cause to be made, printed or published, any notice, statement or advertisement, with respect to the rental or sale of a dwelling, that indicates, directly or indirectly any preference, limitation or discrimination based on race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or an intention to make any such preference, limitation or discrimination;

5. Will agree not to represent to any person because of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income that any dwelling is not available for inspection, rental or sale, when such dwelling is in fact available;

6. Will agree not to steer, by use of words or actions, any person to or from the viewing or selection of any dwelling in any geographic area because of the person’s race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or in any way influencing the residential choice of any person on account of the person’s race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;

7. Will agree not to volunteer information or respond to questions from customers about the racial, ethnic, religious, familial status, sexual orientation, disability or source of income composition, of any apartment building, apartment complex or residential area;

8. Will agree not to induce or attempt to induce, either directly or indirectly, any person to rent, lease, sell, or purchase a dwelling by the use of representations directly or indirectly regarding the entry or prospective entry in a neighborhood of a person or persons of a particular race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;

9. Will agree not to utilize any documents, any words or codes designed to reflect the race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income of prospective or actual customer except as necessary to comply with reporting requirements.
Promote fair housing rights and fair housing choice

HOC continuously reviews its programs and policies to ensure that the agency is in full compliance with the spirit and letter of fair housing and equal opportunity laws. HOC works with the Montgomery County government and other local resources to ensure equal opportunity to housing in the county.

HOC has an excellent working relationship with the Montgomery County Human Rights Commission, which provides oversight, testing and resolution of fair housing complaints. The Commission staff provides training to HOC staff on the importance, procedures and resolution of complaints generated from illegal discrimination. On an annual basis, both the Human Rights Commission and HOC meet jointly to discuss mutual issues related to fair housing and to maintain close working ties. When HOC receives complaints from applicants regarding housing discrimination, such complaints are forwarded to the Human Rights Commission for action. HOC follows up on the action taken. HOC actively serves as a source of volunteers to serve as testers, that help determine violators of Fair Housing laws.

Please be aware that HOC has a full-time Fair Housing Coordinator on staff that provides advice, consultation, and training in the important area of Fair Housing and Civil Rights.

Sincerely,

[Signature]

Executive Director
TO: Program Coordinator
FROM: Director of Human Resources
DATE: June 4, 2008
RE: Family Self-Sufficiency Program

This information is being furnished in support of the Housing Opportunities Commission's request for funding for the above stated program. Provided is a compensation comparability study of HOC positions dedicated to the Family Self-Sufficiency Program as compared to like positions in other jurisdictions. The salary figures are representative of pay scales effective July 1, 2008.

**FSS Case Managers:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position Title</th>
<th>Salary Range</th>
<th>Benefits Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities Commission</td>
<td>Resident Counselor III</td>
<td>$43,394 - $71,694</td>
<td>35%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>Counselor III</td>
<td>$32,530 - $45,965</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>Counsel IV</td>
<td>$34,177 - $48,292</td>
<td>36%</td>
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<tr>
<td>Montgomery County, Maryland (HHS)</td>
<td>Social Worker II</td>
<td>$49,253 - $81,513</td>
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<tr>
<td></td>
<td>Social Worker III</td>
<td>$51,598 - $85,463</td>
<td>35%</td>
</tr>
<tr>
<td>Prince Georges County</td>
<td>Community Developer II</td>
<td>$42,793 - $78,356</td>
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</tr>
<tr>
<td></td>
<td>Community Developer III</td>
<td>$49,538 - $90,407</td>
<td>36%</td>
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</table>

The Housing Opportunities Commission has eight Resident Counselors working as Case Managers in the Family Self-Sufficiency Program, five full time and three part time. The average projected salary for HOC Resident Counselor III's working on the FSS program for the fiscal year beginning July 1, 2008, based on full time employment, will be $53,594, and the average benefit cost is estimated at $18,976.

**FSS Program Coordinator:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position Title</th>
<th>Salary Range</th>
<th>Benefits Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities Commission</td>
<td>Program Coordinator</td>
<td>$54,733 - $90,797</td>
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<tr>
<td>Baltimore City</td>
<td>Social Work Supervisor II</td>
<td>$53,410 - $85,218</td>
<td>36%</td>
</tr>
<tr>
<td>Montgomery County, Maryland (HHS)</td>
<td>Social Worker IV</td>
<td>$56,631 - $93,944</td>
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</tr>
<tr>
<td>Prince Georges County</td>
<td>Administrative Specialist</td>
<td>$62,186 - $120,989</td>
<td>36%</td>
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</table>

In addition, HOC's FSS Program Coordinator will have a projected salary of $76,262 for the fiscal year beginning July 1, 2008, and the projected cost for benefits for the incumbent for the period of July 1, 2008, through June 30, 2009 is $34,858.
**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.

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<tbody>
<tr>
<td>1) Please attach Attachment 1</td>
<td>NOFA 2008 PH HUD-2880.pdf</td>
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<tr>
<td>2) Please attach Attachment 2</td>
<td>HUD-52767.pdf</td>
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<td>3) Please attach Attachment 3</td>
<td>HUD-2994-A Your Are Our Clients.pdf</td>
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<td>4) Please attach Attachment 4</td>
<td>HUD-36010 PHFSS V8.3 042708.pdf</td>
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<td>5) Please attach Attachment 5</td>
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<td>7) Please attach Attachment 7</td>
<td>NOFA 2008 PH Consolidated Plan.pdf</td>
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<td>8) Please attach Attachment 8</td>
<td>NOFA 2008 PH HUD-27061.pdf</td>
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<td>9) Please attach Attachment 9</td>
<td>NOFA 2008 Section3 HUD-60002.pdf</td>
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<td>NOFA 2008 PH HUD-2993.pdf</td>
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<td>11) Please attach Attachment 11</td>
<td>NOFA 2008 HUD Letter.pdf</td>
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<td>12) Please attach Attachment 12</td>
<td>NOFA 2008 Fair Housing Letter.pdf</td>
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<td>13) Please attach Attachment 13</td>
<td>NOFA 2008 Salary Comparables.pdf</td>
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<td>14) Please attach Attachment 14</td>
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<td>15) Please attach Attachment 15</td>
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</table>
Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Information

* Duns Number: [Redacted] * Report Type: INITIAL

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

   * Applicant Name: Housing Opportunities Commission

   * Street1: 10400 Detrick Avenue
   * Street2:
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * USA: UNITED STATES
   * Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

3. HUD Program Name:
   Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

4. Amount of HUD Assistance Requested/Received: $ 133,042.00

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

   * Project Name: PH ROSS Family Self-Sufficiency

   * Street1: 10400 Detrick Avenue
   * Street2:
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * 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 [X] 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 [X] 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

Form HUD-2880 (3/99)
**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).

<table>
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<tr>
<th><em>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</em></th>
<th><em>Social Security No. or Employee ID No.</em></th>
<th><em>Type of Participation in Project/Activity</em></th>
<th><em>Financial Interest in Project/Activity ($ and %)</em></th>
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(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:*

Nancy Scull

*Date: (mm/dd/yyyy)*

07/05/2008
Facsimile Transmittal

1. Applicant Information:
   * Legal Name: Housing Opportunities Commission
   * Address:
     * Street1: 10400 Detrick Avenue
     * Street2: 
     * City: Kensington
     * County: Montgomery
     * State: MD: Maryland
     * Zip Code: 20895
   * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:
   * Organizational DUNS: (Redacted)
   CFDA No.: 14.877
   Title: Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services
   Program Component:

3. Facsimile Contact Information:
   Department: 
   Division: Resident Services Division

4. Name and telephone number of person to be contacted on matters involving this facsimile.
   Prefix: Mrs.
   * First Name: Nancy
   Middle Name: 
   * Last Name: Scull
   Suffix: 
   * Phone Number: 240-773-9322
   Fax Number: 301-949-1136
   * Email: nancy.scull@hocmc.org

5. Is your Transmittal? (Check one box per fax)

6. How many pages (including cover) are being faxed? 2

Form HUD-96011 (10/12/2004)
Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:  
   - Preapplication  
   - Application  
   - Changed/Corrected Application  

* 2. Type of Application:  
   - New  
   - Continuation  
   - Revision  

* 3. Date Received:  
   07/05/2003

4. Applicant Identifier:  
   MD004

5a. Federal Entity Identifier:  
   MD004FSF003

5b. Federal Award Identifier:  
   MD004FRS086A007

State Use Only:

6. Date Received by State:  
   
7. State Application Identifier:  
   MD20070606-0552

8. APPLICANT INFORMATION:

   a. Legal Name:  Housing Opportunities Commission

   b. Employer/Taxpayer Identification Number (EIN/TIN):  52-0859090

   c. Organizational DUNS:  

   d. Address:
      
      10400 Detrick Avenue

      * City:  Kensington
      * County:  Montgomery
      * State:  MD: Maryland
      * Province:  
      * Country:  USA: UNITED STATES
      * Zip / Postal Code:  20895

   e. Organizational Unit:
      
      Department Name:  
      Division Name:  Resident Services Division

   f. Name and contact information of person to be contacted on matters involving this application:
      
      Prefix:  Mrs.
      * First Name:  Nancy
      Middle Name:  
      * Last Name:  Scull
      Suffix:  
      
      Title:  Family Self-Sufficiency Program Coordinator
      
      Organizational Affiliation:  

      * Telephone Number:  240-773-9322
      Fax Number:  301-949-1136
      * Email:  nancy.scull@hocmc.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   L: Public/Indian Housing Authority

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:
    14.877

CFDA Title:
    Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

12. Funding Opportunity Number:
    FR-5200-N-09

* Title:
    Public Housing Family Self-Sufficiency

13. Competition Identification Number:
    PHFSS-09

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Montgomery County, Maryland

15. Descriptive Title of Applicant's Project:
    To provide funding to staff the HOC Family Self-Sufficiency Program to case manage and link Public Housing participants to available resources leading to economic independence/self-sufficiency.

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant [MD-08]
   * b. Program/Project [MD-08]

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

17. Proposed Project:
   * a. Start Date: 07/01/2009
   * b. End Date: 06/30/2010

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

   133,042.00

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.
   
   [x] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   [ ] Yes  [x] No  [ ] Explanation

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)

   [x] ** 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: Mrs.  * First Name: Nancy
Middle Name: 
* Last Name: Scull
Suffx: 

* Title: Family Self-Sufficiency Program Coordinator

* Telephone Number: 240-773-9322  Fax Number: 301-949-1136

* Email: nancy.scull@hoczcm.org

* Signature of Authorized Representative: Nancy Scull * Date Signed: 07/05/2008

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

* 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.
DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. * Type of Federal Action:
   - a. contract
   - b. grant [X]
   - c. cooperative agreement
   - d. loan
   - e. loan guarantee
   - f. loan insurance

2. * Status of Federal Action:
   - a. bid/proposal
   - b. initial award [X]
   - c. post-award

3. * Report Type:
   - a. initial filing [X]
   - b. material change

4. Name and Address of Reporting Entity:
   - **Prime**
   - **SubAwardee**
   - *Name* Housing Opportunities Commission
   - *Street* 10400 Detrick Avenue
   - *City* Remington
   - *State* MD: Maryland
   - *Zip* 20695
   - *Congressional District*, if known: 8, 4

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
   - Dept. of Housing & Urban Development

7. * Federal Program Name/Description:
   - Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services
   - CFDA Number, if applicable: 14.677

8. Federal Action Number, if known:
   - FR-5200-R-09

9. Award Amount, if known:
   - $

10. a. Name and Address of Lobbying Registrant:
    - Prefix
    - *First Name* Not applicable
    - Middle Name
    - *Last Name* Not applicable
    - Suffix
    - *Street* 1
    - Street 2
    - *City* 
    - *State* 
    - *Zip* 

11. b. Individual Performing Services (including address if different from No. 10a)
    - Prefix
    - *First Name* Not applicable
    - Middle Name
    - *Last Name* Not applicable
    - Suffix
    - *Street* 1
    - Street 2
    - *City* 
    - *State* 
    - *Zip* 

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the law above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* Signature: Nancy Scull
* Name: Mrs. Nancy Scull
* Title: Family Self-Sufficiency Program Coordinator
* Telephone No.: 240-772-9322
* Received Date: 07/05/2008
* Authorizing Official: Standard Form - LLL (Rev. 7-07)
Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Information * Dune Number: [Redacted] * Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):
   * Applicant Name: Housing Opportunities Commission
   * Street1: 10400 Detrick Avenue
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * Country: USA: UNITED STATES
   * Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

3. HUD Program Name:
   Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

4. Amount of HUD Assistance Requested/Received: $ 133,042.00

5. State the name and location (street address, city and state) of the project or activity:
   * Project Name: PH ROSS Family Self-Sufficiency
   * Street1: 10400 Detrick Avenue
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * 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).
   - [X] 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
   - [X] 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)
### 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).

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<th><em>Type of Participation in Project/Activity</em></th>
<th><em>Financial interest in Project/Activity ($ and %)</em></th>
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(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:**

D. Scott Minton, Executive Dir.

**Date:** (mm/dd/yyyy)

06/25/2008
Public Housing Family Self-Sufficiency Funding Request Form U.S. Department of Housing and Urban Development Office of Indian and Public Housing

Public reporting burden for the collection of information is estimated to average 4 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.

### 1. PHA Information:

| Name: Housing Opportunities Commission | PHA Number: MD004 |
| Address: 10400 Detrick Avenue        |                      |
| Kensington, MD 20895                |                      |

Joint Application: Yes [ ] No [x]  If yes, please provide name(s), PHA number(s), and address information of joint applicant(s) (If more than one joint applicant, please attach addition sheets as necessary):

<table>
<thead>
<tr>
<th>Name:</th>
<th>PHA Number:</th>
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<tbody>
<tr>
<td>Address:</td>
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</table>

### 2. Contact Information for the Person Most Familiar with This Application:

<table>
<thead>
<tr>
<th>Name: Nancy Scull</th>
<th>Telephone: 240-773-9322</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-mail address:</td>
<td><a href="mailto:nancy.scull@hocmc.org">nancy.scull@hocmc.org</a></td>
</tr>
</tbody>
</table>

### 3. Application Type: New [ ] Renewal [x]

### 4. All Applicants - Total Approved Slots: Please indicate the number of approved slots in your Public Housing FSS Action Plan. There is a 25-slot minimum in order to be eligible for this program. Joint applicants should indicate the combined total of FSS program slots in their HUD-approved Public Housing FSS Action Plans.

| Total number of approved slots: 75 |


6. Funding Category for this Application: 1 2 3 4 [1]

**RENEWAL APPLICANTS PLEASE ANSWER QUESTIONS 7 - 9**

### 7. FSS Coordinator Information:

a) FY under which your FSS Coordinator position was last funded: 2007
b) Number of positions funded: 9

c) Number of positions requested under this NOFA: 9

d) Annual salary requested for each FSS Coordinator(s) (Please list all): $ 17,747; 12,620; 13,889; 9,318; 14,309; 10,807; 39,406; 5,608; 9,338
(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA.)

e) Total funding requested for program coordinator salary(ies): $ 133,042

f) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: [X] Yes [ ] No

8. Reporting to HUD

The PHA has submitted reports on participating families to HUD via the HUD 50058 Family Self-Sufficiency/Welfare-to-Work Voucher Addendum. [X] Yes [ ] No

9. Program Accomplishments –

a. 15 Number of years your program has been in existence.

b. 142 The total number of PH FSS participants.

c. 117 The number of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

d. 82 The percent of Public Housing FSS program participants with an FSS escrow account balance greater than zero.

e. $8,792 The average escrow account distribution paid to Public Housing families that have graduated since October 1, 2000.

f. 80 The number of Public Housing FSS families that have successfully completed their FSS contracts since October 1, 2000.

g. 56 The percent of Public Housing FSS families that have successfully completed their FSS contracts.

h. 43 The number of Public Housing FSS graduates since October 1, 2000 that moved out of public housing.

i. None The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through a ROSS-funded homeownership program.

j. 17 The number of Public Housing FSS graduates since October 1, 2000 who moved to homeownership through other homeownership programs.

NEW APPLICANTS PLEASE ANSWER QUESTION 10

10. FSS Coordinator Information:

a) Annual salary requested for the FSS Coordinator position: $ 
(Note: The salary requested should include fringe benefits, if applicable. Salaries must be comparable to salaries for similar positions in the local jurisdiction and must not exceed the cap referred to in the NOFA)

b) Evidence demonstrating salary comparability to similar positions in the local jurisdiction for each of the positions you are applying for is on file at the PHA: [ ] Yes [X] No
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 (44 U.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 7th 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 F1 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)):
   Federal Register

   Grade: C-Helpful

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):
   PH FSS NOFA
   Logic Model Training

   Grade: C-Helpful

4. Did you receive information from the Agency Call Center?
   ☐ Yes ☑ 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?
   ☑ Yes ☐ No
   If yes, please provide the date(s) and rate the quality of assistance received.

   Date(s): Grade:  B-Somewhat helpful

6. How could we improve our communications to you and others like you (please explain)?
   The 6/12 email notification of a change did not make clear what the changes were. We thought that we had to re-download revised Instructions, but that was not the case.

Section 2 – Electronic Grant Application Registration Process

1. Did you find the Grants.gov website information on registration clearer and easier to understand than last year?
   ☑ Yes ☐ No

2. Do you have access to IBM compatible software?
   ☑ Yes ☐ No

3. 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:
a. Within your organization? □ Yes □ No
b. 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 you are commenting on.

Insert CFDA numeral:
14.877

1. Did you find the Submission Checklist helpful? □ Yes □ No
2. Were the Funding Opportunity instructions clearer and easier to follow than last year? □ Yes □ No
3. Were the Program specific funding opportunity instructions clearer and easier to follow than last year? □ Yes □ No
4. Did you find sections of the funding opportunity duplicative? □ Yes □ No

5. If yes, to any of the questions above, identify the section(s) and areas for streamlining the redundant information.
   HUD published the HCV FSS and PH ROSS FSS NOFA’s before the Federal Register, so the format was different. It seemed shorter, and it more clearly described the application requirements.
   Please provide a Submission Checklist of all required forms and documents in each specific NOFA.

Section 4 – Finding Grant Opportunities

1. Was it easier to find the Finding Opportunities on-line through Grants.gov than previous methods? □ Yes □ No

2. Based on previous years, how easy was it to find grants in the
   a. Federal Register
   b. Trade journals
   c. Agency websites
   Choose from dropdown

   More Difficult
   None
   About the same

3. How could finding grant opportunities be improved (please explain)?
   It would be helpful to have an index of the pages in the SuperNOFA, which would make it easier to find each specific NOFA.

Section 5 – Applying for Grant Opportunities

1. How many people were involved in completing the application submission? Number: 13
2. Did you find the electronic application useful for dissemination purposes? □ Yes □ No
3. Did the same individual who downloaded the grant application submit the application? □ Yes □ No
4. Did you know where to look for instructions for completing and submitting the application? □ Yes □ No
5. At what point in the process did you download and read the Application Instructions? A-Before looking at the application
6. What Section of the Electronic Application Desktop Guide were most useful?
7. How could the Electronic Application Desktop Guide be improved (please explain)?

8. Did you find the Submission Tips helpful?  
   Grade: C-Helpful

9. Did you find the NOFA Application Submission Checklist helpful?  
   Grade: C-Helpful

10. Did you know how to use the attachment form in the application package?  
    - Yes  
    - No  
    - Do not know

11. Did you have a problem saving your application?  
    - Yes  
    - No  
    - Do not know

Section 6 – Applicant Information

Organization Legal Name: Housing Opportunities Commission
Address: 10400 Detrick Avenue  
City: Kensington  
State: MD
Zip Code: 20895  
Telephone Number: (including area code) 240-773-9322
Contact Name: Nancy Scull  
Email Address: nancy.scull@hocmc.org

Section 7 – Suggestions
For improving the Electronic Grant process, please specify below. Please identify the section you are commenting on.

Electronic submission of NOFA’s is easier, but it does not allow for explanation/clarification of responses. An Application Submission Checklist for each NOFA including all required forms would have been helpful. It also would have been helpful to have all required & optional forms together in each specific Application download.

On form HUD-52767, the wording of questions in 9 Program Accomplishments is unclear & confusing, & the definitions in the NOFA do not match the wording in the questions in 9. We would greatly appreciate clearer wording in the questions in 9 Program Accomplishments.

See Section 1 #6, Section 3 #5 and Section 4 #3 above.

Thank you.
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CERTIFICATION OF CONSISTENCY WITH THE INDIAN HOUSING PLAN

Instructions for completing this form: All tribes/TDHEs must submit this form in conjunction with their ROSS application.

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Indian Housing Plan.

Applicant Name: Housing Opportunities Commission

Project Name: Public Housing Family Self-Sufficiency Program

Location of the Project:

Name of the Federal Program(s) to which the applicant is applying: This form is not applicable

Name of Certifying Jurisdiction:

Title:

Signature:

Date:

Public reporting burden for the collection of information is estimated to average fifteen minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. 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.

form HUD-52752 (2/2004)
I. General Terms

This partnership agreement is made and entered into by and between the applicant, Housing Opportunities Commission (name of applicant’s organization) and the Contract Administrator (CA), (e.g., the local public housing authority (PHA) or other non-profit organization), hereinafter referred to as “CA”.

WHEREAS, the applicant is submitting the proposal for a Resident Opportunity and Self-Sufficiency (ROSS) or Neighborhood Networks (NN).

WHEREAS, the applicant agrees to comply with all terms and conditions expressed in HUD’s NOFA, applicable provisions of 24 CFR 964 or 24 CFR 984 (for FSS applicants), provisions of the grant agreement entered into with HUD, and provisions contained in this Partnership Agreement.

WHEREAS, the CA supports the applicant’s ROSS/NN application and agrees to provide technical assistance to the applicant in accordance with HUD’s NOFA, HUD regulations and provisions contained in this agreement.

WHEREAS, pursuant to the commitment made by the CA, this agreement is executed outlining the type, scope and extent of services that the CA will provide to the applicant if the grant is funded. If HUD does not fund the grant, this agreement shall be null and void.

II. Roles and Responsibilities

A. Grant Oversight

Under the direction of the applicant, the CA agrees to oversee the administration of the ROSS or NN grant. This includes financial management, procurement, completing the semi-annual reports, and ensuring that all grant activities are completed successfully within the grant period. In meeting these commitments, the CA agrees to abide by the provisions of 24 CFR Parts 964/984, 45, 84, and 85 and the following OMB Circulars as applicable:

form HUD-52755 (12/2005)
- A-87 "Cost Principles for State, Local, and Indian Tribal Governments";
- A-122 "Cost Principles for Nonprofit Organizations";
- A-110 "Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations"; and
- A-133 "Audits of States, Local Governments, and Non-Profit Organizations".

B. Grant Coordination

The CA and the applicant will meet weekly to discuss progress, problems incurred, strategies to overcome them, specific areas of responsibility, future activities, and any other issues as necessary.

C. Financial Responsibility

The applicant retains ultimate responsibility for all grant activities, including drawing down funds from HUD, grant expenditures, and reporting to HUD.

D. Performance Measurement

The CA will work with the applicant to ensure that results agreed to by the applicant and HUD are achieved. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

E. Coordinating and Building Partnerships

The CA agrees to coordinate the provision of assistance from grant partners. The CA also agrees to work with the applicant in pursuing additional partnerships/assistance from community organizations, government, and other organizations whose services would benefit residents and the overall grant program. Following are suggested resources:

- Area enrichment programs
- Local Banks
- Chamber of Commerce
- Community Development Agencies
- Private Industry Council
- Local/State Health & Human Services Agencies
- Local Higher Education and Continuing Education Facilities
- Local Independent School Districts
- Social Service Organizations
F. Program Assessment and Reporting

The CA agrees to conduct or otherwise assist the applicant in assessing grant activities based on 1) the performance measures in the applicant’s grant proposal submitted to HUD and 2) any revisions to the assessment methodology made by the local HUD field office. For Public Housing FSS applicants, the CA will ensure that the PHA meets its PIC reporting requirements by reporting on the enrollment, progress, and exit of individual families using the HUD-50058 addendum. The CA will ensure that reports to HUD are made as required. All semi-annual financial and performance reports prepared by the CA must be reviewed and approved by the applicant prior to submission to HUD.

III. Contract Period

This contract is based on a period of time beginning __________ and ending __________.

(NOTE: CAs must be retained for the full term of the grant.)

IV. Termination

Each party may terminate this agreement provided 60 calendar days of written notice is given to the local HUD field office and the other party to this agreement. Applicants may terminate this agreement based on non-compliance or non-cooperation by the CA. Termination may only occur when all channels of resolution have been exhausted, including mediation between the two parties. If all avenues for resolution have been exhausted, termination by the applicant will require a two-thirds majority vote of the applicant’s Board of Directors/Resident Council.

WITNESS OUR HANDS EFFECTIVE ___________________________

_________________________________________  _______________________________________
Applicant Organization                           Contract Administrator

_________________________________________  _______________________________________
Applicant Executive Director/ Other Authorized Representative  Executive Director

_________________________________________  _______________________________________
Date                                           Date
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Housing Opportunities Commission

Project Name: Public Housing ROSS Family Self-Sufficiency

Location of the Project: Countywide

Name of the Federal Program to which the applicant is applying: PH Ross Family Self-Sufficiency

Name of Certifying Jurisdiction: Montgomery County, Maryland

Certifying Official of the Jurisdiction Name: Luann W. Korona

Title: Chief, Community Development Division

Signature:

Date: May 23, 2008
### Race and Ethnic Data Reporting Form

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

**Office of Administration**

**Program Title:**
Public Housing Family Self-Sufficiency Program

**Grantee/Recipient Name:**
Housing Opportunities Commission

**Grantee Reporting Organization:**
Housing Opportunities Commission

**Reporting Period From (mm/dd/yyyy):** 05/01/2008  
**To (mm/dd/yyyy):** 05/31/2008

<table>
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<tr>
<th>Racial Categories</th>
<th>Total Number of Race Responses</th>
<th>Total Number of Hispanic or Latino Responses</th>
</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Asian</td>
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<td></td>
</tr>
<tr>
<td>Black or African American</td>
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<td></td>
</tr>
<tr>
<td>Asian and White</td>
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</tr>
<tr>
<td>Black or African American and White</td>
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</tr>
<tr>
<td>American Indian or Alaska Native and Black or African American</td>
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<td></td>
</tr>
</tbody>
</table>

* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]

**Balance of individuals reporting more than one race**  
**Total:** 70  
**Total:** 7

* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under “Other multiple race combinations.”

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

form HUD-27061 (10/31/2009)
### Section 3 Summary Report

**Economic Opportunities for Low- and Very Low-Income Persons**

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

**Office of Fair Housing and Equal Opportunity**

**OMB Approval No:** 2585-0043  
**(exp. 11/30/2016)**

**Section 203 Note:** This form is required for Section 203 reports.

**Federal Identification Number:** 52-0839090

**Address:** 10400 Betrick Avenue, Kensington, MD 20895

**Phone Number:**

**Reporting Period:** 11/2006-12/2007

**Data Report Submitter:**

**Program Name:** MOBILIZATION

**Date:** 1/23/2008

### Part I: Employment and Training

**Columns B, C, and F are mandatory fields**

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<th>% of Aggregate Number of Staff Hours for Section 3 Employees and Trainees</th>
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<td>Office/CL</td>
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<tr>
<td>Construction by Trade (List)</td>
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<td>Trade</td>
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</tr>
<tr>
<td>Other (List) (SALES/CHILDCARE/SERVICE)</td>
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<td></td>
<td>23</td>
</tr>
</tbody>
</table>

**Total:**

- 66
- 23
- 34.85
- 60
Acknowledgment of Application Receipt

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

Housing Opportunities Commission
10400 Detrick Avenue
Kensington, MD 20895

Type or clearly print the following information:

Name of the Federal Program to which the applicant is applying: Public Housing Family Self-Sufficiency

To Be Completed by HUD

☐ HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.

☐ HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:

☐ Enclosed

☐ Being sent under separate cover

Processor's Name

Date of Receipt
June 5, 2008

Mr. Lee Palman, Director
Office of Public Housing
Department of Housing & Urban Development
D.C. Field Office
820 First St., N.E., Suite 300
ATTENTION: Diane Duke
Washington, D.C. 20002-4205

Dear Mr. Palman,

As required under the 2008 NOFA for the Family Self-Sufficiency Program Coordinators' funding, the Housing Opportunities Commission (HOC) is submitting this letter to confirm the following:

- HOC's plan for Affirmatively Furthering Fair Housing (see enclosed)
- HOC's required Addendum to its Administrative Plan regarding Affirmatively Furthering Fair Housing (see enclosed), approved by the Commission on June 4, 2008
- HUD has on file HOC's Code of Conduct
- Salary comparables for the Coordinator positions (see enclosed)

We are currently preparing our submission for the 2008 NOFA's. Please call FSS Coordinator, [redacted] at [redacted] if further clarification is needed.

Thank you for your continued support for the Family Self-Sufficiency Program.

Sincerely,

[Redacted]
Executive Director

Enclosures
June 6, 2008

Mr. Lee A. Palman, Director
Office of Public Housing
Department of Housing & Urban Development – District of Columbia office
820 First St., N.E.
Washington, D.C. 20002-4205

Ref: 2008 NOFA for Family Self-Sufficiency (FSS) Program Coordinators
Affirmatively Furthering Fair Housing

Dear Mr. Palman,

We are submitting this letter in order to comply with the requirements of the 2008 NOFA for the Family Self-Sufficiency Program (FSS). Please be advised that the Housing Opportunities Commission (HOC) has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

Overcoming the effects of impediments to fair housing choice that were identified in the jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice

In April 2007, Montgomery County released its most recent Analysis of Impediments to Fair Housing Choice. The Housing Opportunities Commission’s Fair Housing and Equal Opportunities Officer participated in the review of the draft proposal. HOC supports the findings in the document. The impediments are listed below, with a description of HOC’s ongoing efforts to address each of them.

1. Unfair Lending Practices
As a housing finance agency, HOC provides funding for loans for a number of its own homeownership programs. Local lenders qualify and service the mortgages, which adhere to strict underwriting standards. HOC prohibits the types of loans that are commonly known today as “predatory.” HOC also mandates and provides homeownership counseling for participants in these programs.
HOC's Fair Housing and Equal Opportunities Officer has also participated in community forums on fair housing and predatory lending.

HOC also serves as a source of volunteers to serve as "testers" that help monitor compliance with fair housing.

2. Lack of general awareness concerning fair housing issues among residents and professionals in Montgomery County
HOC's Fair Housing and Equal Opportunities Officer regularly participates in fair housing forums throughout the county. In recent years, he has spoken at forums and trainings for the general public, rental property owners and managers, maintenance staff, service providers, and county employees.

HOC's Fair Housing and Equal Opportunities Officer is also a member of the county's Interagency Fair Housing Group, which provides policy recommendations to the county government.

3. Lack of currently available affordable housing
HOC is the county's largest provider of affordable housing. HOC is currently expanding its portfolio of affordable housing. Current efforts include the purchase of a 175-unit senior Section 8 New Construction development as preservation of affordable housing, the new development of tax-credit properties, and the purchase of scattered-site units as new affordable housing.

4. Lack of available, especially affordable, housing for residents with a disability
As noted above, HOC is the county's largest affordable housing provider. Included in its portfolio are a significant number of units in a variety of federal, state, local and unregulated programs. HOC also administers subsidy programs for persons with mental health issues. Working with outside partners, HOC has also developed permanent and transitional housing for special needs populations. HOC is currently expanding its efforts in each of these areas.

5. Difficulty finding affordable housing, particularly special needs and group housing
Like other developers, HOC must address regulatory and community concerns as it develops housing in the county. HOC has strong working relationships with county planning and housing agencies, as well as community groups and political leaders. In recent years, HOC has successfully found units for special needs housing in a number of locations. HOC is currently working on new sites.

6. Shortage of comprehensive testing and study information on the fair housing environment in Montgomery County
HOC staff supports the county's testing efforts, as noted above. HOC also uses available demographic and similar data from many sources as it develops its policies and properties.
Remedy discrimination in housing

The Housing Opportunities Commission has promulgated policies and practices designed to comply with all applicable fair housing and civil rights requirements. HOC has not been the subject of or charged with any ongoing systemic violation of the Fair Housing Act and is not a defendant in a Fair Housing Act lawsuit filed by the Department of Justice. Additionally, HOC is not subject to any findings related to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 or the Housing and Community Development Act of 1974.

HOC's published statement regarding Fair Housing and Civil Rights and the action that HOC takes to further Fair Housing is stated below:

*It is the policy of the Housing Opportunities Commission to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.*

No person shall, on the grounds of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Opportunities Commission’s programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Opportunities Commission will provide Federal/State/local information to applicants, residents and other interested parties regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Opportunities Commission office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Housing Opportunities Commission will assist any family that believes they have suffered illegal discrimination by providing copies of the appropriate housing discrimination forms. The Housing Opportunities Commission will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity and the Montgomery County Office of Human Rights.

In order to continue to promote fair housing and housing choice, the Housing Opportunities Commission, together with its employees and agents:

1. Will agree not to refuse or fail to show, rent or negotiate for the rental or sale of, or otherwise make unavailable a dwelling to any person because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;
2. Will agree not to commit any act of discrimination against any person in items, conditions, or privileges in the sale or rental of a dwelling, or in the provision of services in connection therewith because of the person's race, color, sex, religion, national origin, familial status, sexual orientation, disability or source of income;

3. Will agree not to interfere with, intimidate, threaten, or coerce any person in the exercise or enjoyment of the right to purchase, sell, rent, or occupy a dwelling in any manner that might result in, or be interpreted as an act of discrimination on the basis of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;

4. Will agree not to make, print, or publish, or cause to be made, printed or published, any notice, statement or advertisement, with respect to the rental or sale of a dwelling, that indicates, directly or indirectly any preference, limitation or discrimination based on race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or an intention to make any such preference, limitation or discrimination;

5. Will agree not to represent to any person because of race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income that any dwelling is not available for inspection, rental or sale, when such dwelling is in fact available;

6. Will agree not to steer, by use of words or actions, any person to or from the viewing or selection of any dwelling in any geographic area because of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income, or in any way influencing the residential choice of any person on account of the person's race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;

7. Will agree not to volunteer information or respond to questions from customers about the racial, ethnic, religious, familial status, sexual orientation, disability or source of income composition, of any apartment building, apartment complex or residential area;

8. Will agree not to induce or attempt to induce, either directly or indirectly, any person to rent, lease, sell, or purchase a dwelling by the use of representations directly or indirectly regarding the entry or prospective entry in a neighborhood of a person or persons of a particular race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income;

9. Will agree not to utilize any documents, any words or codes designed to reflect the race, color, sex, religion, national origin, familial status, marital status, sexual orientation, disability or source of income of prospective or actual customer except as necessary to comply with reporting requirements.
Promote fair housing rights and fair housing choice

HOC continuously reviews its programs and policies to ensure that the agency is in full compliance with the spirit and letter of fair housing and equal opportunity laws. HOC works with the Montgomery County government and other local resources to ensure equal opportunity to housing in the county.

HOC has an excellent working relationship with the Montgomery County Human Rights Commission, which provides oversight, testing and resolution of fair housing complaints. The Commission staff provides training to HOC staff on the importance, procedures and resolution of complaints generated from illegal discrimination. On an annual basis, both the Human Rights Commission and HOC meet jointly to discuss mutual issues related to fair housing and to maintain close working ties. When HOC receives complaints from applicants regarding housing discrimination, such complaints are forwarded to the Human Rights Commission for action. HOC follows up on the action taken. HOC actively serves as a source of volunteers to serve as testers, that help determine violators of Fair Housing laws.

Please be aware that HOC has a full-time Fair Housing Coordinator on staff that provides advice, consultation, and training in the important area of Fair Housing and Civil Rights.

Sincerely,

D. Scott Minton
Executive Director
TO: Nancy Scull, Program Coordinator
FROM: Patrick Mattingly, Director of Human Resources
DATE: June 4, 2008
RE: Family Self-Sufficiency Program

This information is being furnished in support of the Housing Opportunities Commission's request for funding for the above stated program. Provided is a compensation comparability study of HOC positions dedicated to the Family Self-Sufficiency Program as compared to like positions in other jurisdictions. The salary figures are representative of pay scales effective July 1, 2008.

### FSS Case Managers:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position Title</th>
<th>Salary Range</th>
<th>Benefits Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities Commission</td>
<td>Resident Counselor III</td>
<td>$43,394 - $71,694</td>
<td>35%</td>
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<tr>
<td>Baltimore City</td>
<td>Counselor III</td>
<td>$32,530 - $45,965</td>
<td>36%</td>
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<tr>
<td></td>
<td>Counsel IV</td>
<td>$34,177 - $48,292</td>
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<td>Montgomery County, Maryland (HHS)</td>
<td>Social Worker II</td>
<td>$49,253 - $81,513</td>
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<td></td>
<td>Social Worker III</td>
<td>$51,598 - $85,463</td>
<td>35%</td>
</tr>
<tr>
<td>Prince Georges County</td>
<td>Community Developer II</td>
<td>$42,793 - $78,356</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>Community Developer III</td>
<td>$49,538 - $90,407</td>
<td>36%</td>
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The Housing Opportunities Commission has eight Resident Counselors working as Case Managers in the Family Self-Sufficiency Program, five full time and three part time. The average projected salary for HOC Resident Counselor III's working on the FSS program for the fiscal year beginning July 1, 2008, based on full time employment, will be $53,594, and the average benefit cost is estimated at $18,978.

### FSS Program Coordinator:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position Title</th>
<th>Salary Range</th>
<th>Benefits Cost</th>
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</thead>
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<tr>
<td>Housing Opportunities Commission</td>
<td>Program Coordinator</td>
<td>$54,733 - $90,797</td>
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<tr>
<td>Baltimore City</td>
<td>Social Work Supervisor II</td>
<td>$53,410 - $85,218</td>
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<tr>
<td>Montgomery County, Maryland (HHS)</td>
<td>Social Worker IV</td>
<td>$56,631 - $93,944</td>
<td>35%</td>
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<tr>
<td>Prince Georges County</td>
<td>Administrative Specialist</td>
<td>$62,186 - $120,989</td>
<td>36%</td>
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In addition, HOC's FSS Program Coordinator will have a projected salary of $76,262 for the fiscal year beginning July 1, 2008, and the projected cost for benefits for the incumbent for the period of July 1, 2008, through June 30, 2009 is $34,658.
# 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.

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Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Information

* Duns Number: [Redacted]
* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):
   * Applicant Name: Housing Opportunities Commission
   * Street1: 10400 Detrick Avenue
   * Street2:
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * Country: USA: UNITED STATES
   * Phone: 240-773-9322

2. Social Security Number or Employer ID Number: 52-0859090

3. HUD Program Name:
   Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

4. Amount of HUD Assistance Requested/Received: $133,042.00

5. State the name and location (street address, City and State) of the project or activity:
   * Project Name: FWH RSs Family Self-Sufficiency
   * Street1: 10400 Detrick Avenue
   * Street2:
   * City: Kensington
   * County: Montgomery
   * State: MD: Maryland
   * Zip Code: 20895
   * 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.
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.)
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).

<table>
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<tr>
<th>* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>* Social Security No. or Employee ID No.</th>
<th>* Type of Participation in Project/Activity</th>
<th>* Financial Interest in Project/Activity ($ and %)</th>
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(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: Nancy Scull

* Date: (mm/dd/yyyy)

07/05/2008
Facsimile Transmittal

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

* Name of Document Transmitting: NOFA 2008 PH Family Self-Sufficiency Program

1. Applicant Information:
   * Legal Name: Housing Opportunities Commission
   * Address:
     * Street1: 10400 Detrick Avenue
     * City: Kensington
     * County: Montgomery
     * State: MD: Maryland
     * Zip Code: 20895
   * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:
   * Organizational DUNS: 14.877
   * CFDA No.: 14.877
   * Title: Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services
   * Program Component:

3. Facsimile Contact Information:
   * Department:
   * Division: Resident Services Division

4. Name and telephone number of person to be contacted on matters involving this facsimile.
   * Prefix: Mrs.
   * First Name: Nancy
   * Middle Name:
   * Last Name: Scull
   * Suffix:
   * Phone Number: 240-773-9322
   * Fax Number: 301-949-1136
   * Email: nancy.scull@hoomc.org

5. What is your Transmittal? (Check one box per fax)

6. How many pages (including cover) are being faxed? 2

Form HUD-96011 (10/12/2004)
Application for Federal Assistance SF-424

* 1. Type of Submission:
   - [ ] Preapplication
   - [X] Application
   - [ ] Changed/Corrected Application
   - [ ] Revision

* 2. Type of Application:
   - [ ] New
   - [X] Continuation
   - [ ] Other (Specify)

* 3. Date Received: 07/05/08

4. Applicant Identifier: MD004

5a. Federal Entity Identifier: MD004FSF003

* 5b. Federal Award Identifier: MD004RF5086A007

State Use Only:

6. Date Received by State:

7. State Application Identifier: MD20070606-0552

8. APPLICANT INFORMATION:

   * a. Legal Name: Housing Opportunities Commission

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

   52-0859090

   * c. Organizational DUNS:

   [redacted]

   d. Address:

   * Street1: 10400 Detrick Avenue

   Street2:

   * City: Kensington

   County: Montgomery

   * State: MD: Maryland

   Province:

   * Country: USA: UNITED STATES

   * Zip / Postal Code: 20895

   e. Organizational Unit:

   Department Name: Division Name:

   Resident Services Division

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

   Prefix: Mrs.

   Middle Name:

   * Last Name: Scull

   Suffix:

   Title: Family Self-Sufficiency Program Coordinator

   Organizational Affiliation:

   * Telephone Number: 240-771-4122

   Fax Number: 301-949-1136

   * Email: nancy.scull@hoصم.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - Public/Indian Housing Authority

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:
    14.877
    CFDA Title:
    Public Housing Family Self-Sufficiency under Resident Opportunity and Supportive Services

* 12. Funding Opportunity Number:
    FR-5200-N-09
    * Title:
    Public Housing Family Self-Sufficiency

13. Competition Identification Number:
    PHFSF-09
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Montgomery County, Maryland

15. Descriptive Title of Applicant's Project:
    To provide funding to staff the HOC Family Self-Sufficiency Program to case manage and link Public Housing participants to available resources leading to economic independence/self-sufficiency.

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

18. Congressional Districts Of:
   * a. Applicant    ND-08
   * b. Program/Project    ND-08

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

17. Proposed Project:
   * a. Start Date:   07/01/2009
   * b. End Date:    06/30/2010

18. Estimated Funding ($):

   * a. Federal       133,042.00
   * b. Applicant     0.00
   * c. State         0.00
   * d. Local         0.00
   * e. Other         0.00
   * f. Program income 0.00
   * g. TOTAL          133,042.00

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
   [Explanations]

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:  Mrs.  * First Name:  Nancy
Middle Name:  
* Last Name:  Scull
Suffix:  

* Title:  Family Self-Sufficiency Program Coordinator

* Telephone Number:  740-773-9322  Fax Number:  301-949-1136

* Email:  nancy.scull@hocomc.org

* Signature of Authorized Representative:  Nancy Scull  * Date Signed:  07/05/2008

Approved for Local Reproduction

Standard Form 424 (Revised 10/2005)
Precribed by OMB Circular A-102
* 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.