

Facsimile Transmittal

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

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Office of Department Grants
Management and Oversight

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* Name of Document Transmitting: Test Page

1. Applicant Information:

* Legal Name: Southeastern Michigan Health Association

* Address:

* Street1: 3011 West Grand Blvd. Suite 200 Fisher Building

Street2:

* City: Detroit

County: Wayne

* State: MI: Michigan

* Zip Code: 48202-3000 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 0387752430000 CFDA No.: 14.913

Title: Healthy Homes Production Grant Program

Program Component:

3. Facsimile Contact Information:

Department: N/A

Division: CLEARCorps/Detroit

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

Prefix: Ms. * First Name: Mary Sue

Middle Name:

* Last Name: Schottenfels

Suffix:

* Phone Number: (313) 924-4000

Fax Number: (313) 924-4003

* 5. Email: mss@clearcorpsdetroit.org

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

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

* 7. How many pages (including cover) are being faxed? 1

IT IS RECOMMENDED THAT YOU PRINT THESE INSTRUCTIONS BEFORE CONTINUING. DO NOT MODIFY THE ELOGIC MODEL® TEMPLATE. DO NOT CUT AND PASTE INTO THE ELOGIC MODEL® TEMPLATE.

When opening the eLogic Model®, you will be asked if you want to enable "Macros"; click Yes. The eLogic Model® uses a Microsoft Excel®

platform. "Macros" are a form of programming used in Excel® to enable additional functionality. You will need to "enable" the "Macros" to use all functions on your eLogic Model®. To enable the macros to function, you will have to adjust the security settings on your computer.

Testing to See If the Macros are Working.

If you do not see this dialog box when you first open your eLogic Model®, then check to see if the Macros are working by opening the eLogic Model®, and going to the Tab labeled Year 1. Click on the gray area of the column labeled, "Needs." If the column expands, your Macro settings are working. To expand and return the cell to its original size, click once. Do not double click.

Depending on your version of Excel®, there are several steps you must take in order to use all the functions in your eLogic Model®. The description below provides information for the four most common versions of Excel® in use today, one of which is probably installed on your computer. If you are working in a network, and you cannot control your desktop settings, contact your system administrator for support.

SECURITY AND THE USE OF MACROS

You will need to "enable" the Macros to use all functions on your eLogic Model®. After creating and saving your eLogic Model®, you may reset your security levels to their original settings.

Excel® 2007 - You can change macro security settings in the Trust Center, unless a system administrator in your organization has prevented you from changing the settings.

On the Developer tab, in the Code group:

▲ Click Macro Security.

Tip: If the Developer tab is not displayed, click the Microsoft Office Button (top left of your Excel®), click Excel® Options, and then in the Popular category under Top options for working with Excel®, click Show Developer tab in the Ribbon.

In the Macro Settings category, under Macro Settings, click the option that you want. **Note:** Any changes that you make in the Macro Settings category in Excel® apply only to Excel® and do not affect any other Microsoft Office program.

Tip: You can also access the Trust Center in the Excel® Options dialog box.

▲ Click the Microsoft Office Button, and then click Excel® Options in the Trust Center category.

▲ Click Trust Center Settings, and then click the Macro Settings category.

▲ If your settings are set to "Disable all macros with notification", when you open your Excel®, you will see a Security Warning stating "Macros have been disabled" and Options button to the left (this button is located under the toolbars).

If you do not change the Macro security settings, you will have to enable the Macros each time you open the Excel®.

Excel® 2003 - There are four levels of security regarding the use of Macros: Very High, High, Medium, and Low. If upon opening the eLogic Model® the dialog box states that you must change your Security setting to enable Macros, your security settings are either set to Very High or High and you must take the following steps:

▲ Go to the toolbar at the top of the screen and click on "Tools."

▲ Then click "Options" and then click the tab labeled "Security" located on the top right of the window.

▲ At the bottom right of the window, click the button that says "Macro Security" and select Medium as your setting.

▲ Click "OK" and then click "OK" in the Options window.

▲ Close your eLogic Model®. Re-open your eLogic Model®. You will now receive a dialog box with the message "Security Warning."

▲ Click on the button at the bottom that says "Enable Macros." Your eLogic Model® will open and be fully functional.

If upon opening the eLogic Model® the dialog box gives you an option to enable "Macros" at that moment, it means that Security is set to Medium. All you need to do is to click the button at the bottom of the dialog box that says, "Enable Macros." Your eLogic Model® will open and be fully functional.

If upon opening the eLogic Model® there is no dialog box, your Security setting is set on "Low" and your Macros are already enabled. No additional step is needed.

Excel® 2000 - There are three levels of security regarding the use of Macros: High, Medium, and Low. The High security setting automatically disables most Macros and does not alert you to the action. If when entering Services/Activities in Column 3, or Outcomes in Column 5, you select "other", the word "other" appears and remains in the cell, the Macro is not functioning. Save and close changes you have made thus far.

▲ From the menu, select "Tools," "Macro," "Security". A dialog box will open.

▲ Click on the "Security" TAB and select "Medium,"

▲ Click "OK." Reopen your eLogic Model®. A dialog box will open. Select "Enable Macros." Your eLogic Model® will open and be fully functional.

If your copy of Excel® is already set to "Medium" security, the enable Macros dialog box will appear and you can proceed as above.

The low security setting automatically enables all Macros and you will not receive any message. The eLogic Model® will open and be fully functional.

Excel® 1997 - If you are using this version of Excel® and need assistance, please contact HUD's NOFA Information Center for assistance at (800) HUD-8929 week days during their operating hours of 10:00 a.m. to 6:30 p.m. eastern time, Monday to Friday, except federal holidays. The NOFA Information Center cannot provide you additional help right before a deadline date. Please take into account their operating hours and allow at least 72 hours for the NOFA Information Center to be able to get you additional help.

Additional Support

If after trying the instructions for your version of Excel® and need additional assistance, please contact the NOFA Information Center at (800) HUD-8929.

Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at (800) 877-8339. The NOFA Information Center is open between the hours of 10 a.m. and 6:30 p.m. eastern time, Monday through Friday, except federal holidays.

Check that You Have the Correct eLogic Model® for your Program.

The eLogic Model® is found in the Instructions Download for the application package posted to the Grants.gov website. Before you begin completing your eLogic Model®, check the name of the program and the fiscal year that is populated on the eLogic Model®. If it contains a program name different from the program application, or does not have 2010 in the Fiscal Year data field, you have opened the wrong eLogic Model®. To correct, go back to the website and look for the program you want to apply for and download the proper eLogic Model®. **New**

Features in the 2010 eLogic Model®

The 2010 eLogic Model® has new features and functions compared to the 2009 eLogic Model that are described below:

Coversheet

A **Coversheet** Tab has been added to collect additional data regarding the applicant and place of performance. This additional data allows HUD to better match the eLogic Model® that is submitted with the application and with the eLogic Model® that has been negotiated, and reports that are submitted as required over the performance period for the award. The **Coversheet** now provides for a Logic Model Amendment Number. Program eLogic Models® are initially created for a three year period since it is difficult to project outputs and outcomes going beyond three years. The use of a Logic Model Amendment Number allows HUD to issue an amended eLogic Model® for programs longer than three years duration.

This Logic Model Amendment Number field will also allow HUD to review and approve amendments to the eLogic Models® where **due to circumstances in the community**, the original projects need to be modified. The modifications are not to be granted simply because an agency is not meeting its proposed goals, but rather to take into account extraordinary circumstances in a community that requires HUD to consider an amendment to the original **eLogic Model®** to accommodate changing needs. The amendment will also allow HUD to amend the eLogic Model to cover an additional one year where a 12 month extension has been granted on an award.

CCR Doing Business As (DBA) Field

When entering the applicant organization profile in the **Central Contractor Registration (CCR)**, organizations may have a **legal name** and a

"Doing Business As" (DBA) Name. Sometimes the **Legal Name** in the CCR represents that part of a large organization which is responsible for paying the federal taxes for all divisions or organizations within its structure. This may be the case with large universities or state or local governments. This may happen because the Doing Business As Name can be used to distinguish sub-organizations of the entity at different locations, e.g. Departments of a State or local government or university campuses. To ensure that we accurately reflect the organization or sub-organization of the legal entity that will be receiving the HUD funds, a field has been added to capture the CCR Doing Business As Name and **DUNS** Number.

Mandatory Fields

There are seven "mandatory" fields in your eLogic Model®: "**Applicant Legal Name**", "**DUNS Number**", and "**Project Name**", "**Grantee Contact Name**", "**Grantee Contact email**", "**Logic Model Contact Name**", "**Logic Model Contact email**". You must enter the required data in these fields as they are recorded in the CCR for the eLogic Model® to be complete. Before closing and saving your eLogic Model®, click the button at the top left of the worksheet (Tab Coversheet) that says "**Check Errors**". If you did not complete any of the "**mandatory**" fields, a message box will appear telling you what field(s) was not completed and the field will be highlighted in yellow. If you attempt to close your eLogic Model® without completing the "**Applicant Legal Name**" and/or the **DUNS** Number, you will receive a dialog box that reminds you that the required data has not been entered. Click "**OK**" and the cursor will go to the required field and allow you to enter the required data. The final dialog box will ask you if you want to save your data. If you want to save the data, click "**Yes**" as you would do with any Microsoft Excel® workbook. **If you click "No", the file will close and your data will not be saved.** Please remember when saving your eLogic Model® that **file names** must not contain any special characters or spaces which could be "**read**" as viruses. File names must be no more than fifty characters including any path information in the file name. See the **FY2010 General Section** for complete details.

The eLogic Model® Workbook

The eLogic Model® workbook has 12 separate worksheets and each worksheet is identified by a Tab at the bottom of the page. If you cannot see all the Tabs, be sure to maximize your workbook by clicking the middle button in the top right corner of the workbook to expand your window or move your bottom scroll bar so all the Tabs appear.

The 12 Worksheets/Tabs are:

- ▲ Instructions
- ▲ Coversheet
- ▲ Year1
- ▲ Year2
- ▲ Year3
- ▲ Total
- ▲ GoalsPriorities
- ▲ Needs
- ▲ Services
- ▲ Outcomes
- ▲ Tools
- ▲ Reporting

Instructions for Completing the Cover Sheet

NOTE: The "Fiscal Year" does not appear on the Cover Sheet but in the Tabs for each year of the project, See description under,

"INSTRUCTIONS FOR COMPLETING THE Year 1, Year 2 Year 3 and Total Tabs in the eLogic Model®."

Program Information

"HUD Program Name" and "Program CFDA #" located on Rows 11 and 12 respectively are pre-populated.

"Program Component" is located on Row 13 to 19. If the program under which you are applying has components, e.g., EOI or PEI under the Fair Housing Initiatives Program click on the component field. A drop down menu will appear. Select as many component that you are applying under. If you are permitted by the NOFA to apply for funding under more than one program component, using the drop down select as many as needed in the fields provided. If there are no components in the funding opportunity for which you are seeking funding, skip this field. Once you have entered your "Program Component" in the "Cover Sheet", worksheets Year1, Year2, Year3, and Total will automatically populate the same information.

Grantee Information

"Applicant Legal Name" is located on Row 21 and is a **mandatory field**. Enter the legal name entered in the Central Contractor Registration and which matches the applicant Legal Name entered in **Box 8a** in the SF-424 in your application. Once you have entered your "Applicant Legal Name" in the "Coversheet", worksheets, Year1, Year2, Year3, and Total worksheets will automatically populate the same information.

"CCR Doing Business As Name" is located on Row 22, is new for 2010. Only complete this field if your **Central Contractor Registration** includes an entry in **Doing Business As (DBA)**. Enter the name as it appears in CCR. Once you have entered your "CCR Doing Business As Name" in the "Cover Sheet", worksheets, Year1, Year2, Year3, and Total worksheets will automatically populate the same information.

"DUNS Number" is located on Row 23 and is a **mandatory field**. Enter the **DUNS #** exactly as it appears in **box 8c** of the SF-424 and as registered with the **Central Contractor Registration**. The **DUNS** number entered must be for the organization that is entered in **box 8a** of the SF-424, Application for **Federal Assistance**. Your **DUNS** number is a nine digit number or a nine digit plus four digit number. Some applicants will use a nine digit plus four digit **DUNS** number. If you do, then insert the four digits in the field provided. If you do not use a **DUNS** plus four #, leave the four digit field blank. Make sure you enter the DUNS number accurately. Once you have entered your "DUNS Number" in the "Cover Sheet", worksheets Year1, Year2, Year3, and Total worksheets will automatically populate the same information

"City" is located on Row 24. Enter the City where your organization is located. This information must match the applicant address data in your application SF424. .

"State" is located on Row 25 Use the dropdown to enter the State where your organization is located, this information must match the SF-424 data in your application.

"Zip Code" is located on Row 26. Enter the same nine-digit zip code used for the applicant address in your SF424.

"Grantee Contact Name" and "Grantee Contact email" are located on Rows 27 and 28 respectively. Enter the Grantee Contact Name and email address in the fields provided.

"Logic Model Contact Name" and "Logic Model Contact email" are located on Rows 28 and 29 respectively. Enter the name of the person that completed the eLogic Model® and their email address in the field provided or the name and email of a person to contact who can address questions concerning the eLogic Model submitted with the application and, if you are selected for an award, eLogic Model reporting®.

Project Information

"Project Name" is located on Row 32 and is a **mandatory field**. Enter the name of your project in the field provided. Use exactly the same name as you did on box 15 of the form SF424. If you did not provide a project name on the SF424, please make sure that you provide a project name in your eLogic Model®. The project name is helpful in distinguishing logic models submitting by the same grantee over multiple years and for differing projects.

If you are submitting multiple funding requests for the 2010 fiscal year funding under the same applicant name for the same HUD program, you **must** include a **project name** that can distinguish between the two applications and logic models submitted. The **project name** may be based upon the location of the project, the address at which it is located, anything that would distinguish one project from another for the same applicant. If you are not sure what to name your project, using your applicant name or acronym and then adding a 1 or 2, or 3, etc., to distinguish the projects would be sufficient to distinguish the two logic models being processed.

Once you have entered your "Project Name" in the "Cover Sheet", worksheets, Year1, Year2, Year3, and Total worksheets will automatically populate the same information.

"Project Location City/County/Parish" is located on Row 33. Applicants, except Indian Tribes, will enter the city or township or County/Parish where the project will be located. If there are multiple locations, enter the location where the majority of the work will be done. Indian Tribes, including multi-state tribes, should enter the city or county associated with their business address location.

"Project Location State" is located on Row 34. Use the dropdown menu to select the location of your project. The data field label, "Project Location State" includes all fifty states and American Samoa, District of Columbia, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and the Virgin Islands. In the case of multi-state or regional entities, enter the State location where the majority of activities are to occur. For Indian Tribes, enter the state applicable to the business address of the Tribal entity.

"Zip Code" is located on Row 35 and is to be entered for the "Project Location State". Please enter the nine digit zip code.

"Project Type" is located on Row 36." Project Type describes the type of project you are doing, Please see the program NOFA for specific instructions. If no instructions are provided, provide a project type that would categorize the nature of the program e.g. housing counseling; family self-sufficiency program; research; regional development, community development, fair housing; technical assistance; etc. "Construction Type" is located on Row 37 and describes the type of Construction you are doing, e.g., new construction, rehabilitation, acquisition, mixed use development, etc. A logic model may provide specific drop down selections for this field based upon program NOFA. If you are not involved with a construction program, leave the field blank.

Additional Information- Leave Blank At the Time of Application

"Grants.gov Application Number", "HUD Award Number", and "Logic Model Amendment Number" are located on Rows 39, 40 and 41 respectively. THESE ARE FIELDS THAT ARE TO BE COMPLETED ONLY IF YOU ARE SELECTED AS A GRANTEE AND ARE SUBMITTING YOUR REPORTS TO HUD.

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INSTRUCTIONS FOR COMPLETING THE Year 1, Year 2 Year 3 and Total Tabs in the eLogic Model®

The "Fiscal Year" represents the fiscal year of the Notice of Funding Availability (NOFA) under which the award will be made. This field is pre-populated and located in **Year1, Year2, Year3, and Total** in cell [O6] below the HUD logo.

The "Year1" Tab is the first sheet of the eLogic Model® workbook to be used to enter your data for columns labeled:

- ▲ HUD Goals
- ▲ Policy Priority
- ▲ Needs
- ▲ Services/Activities
- ▲ Measures
- ▲ Outcomes
- ▲ Measures
- ▲ Evaluation Tools

If you have a multi-year award, you will enter data in the **Year2, Year3, and Total** worksheets. These worksheets are identical in format as Year1. Applicants applying for a multiple year award must complete a worksheet for each year of performance showing what is to be accomplished per year. The "**Total**" worksheet should be used to show the *sum of cumulative* accomplishments achieved for all **Services/Activities** and **Outcomes** for all years covered by the award. For example, a two-year award would include worksheets showing **Services/Activities** and **Outcomes** covering **Year1**. The **Year2** worksheet would show **Services/Activities** covering **Year2**. The "**Total**" worksheet would show the *cumulative* totals for all **Services/Activities** and **Outcomes** for both **Year1** and **Year2**. A three-year award would include the worksheets showing all **Services/Activities** and **Outcomes** for **Year1, Year2, Year3**, and the "**Total**" worksheet would show the *cumulative* totals for all **Services/Activities** and **Outcomes** for **Year1, Year2, and Year3**.

A one-year award would include ONLY Year1. A Total Worksheet is not required for a one year award

Note: Some cells of the worksheet are "lock protected" so you can only make entries in cells that are for input as directed by these instructions.

"Reporting Period", "Reporting Start Date" and "Reporting End Date" are fields located in Year1, Year2, Year3, and Total worksheets. The Reporting Dates remain blank at the time of application and are completed when submitting a report to HUD. See "INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD" later in these Instructions.

COLUMNS OF THE eLogic Model® (1-7)

Column 1 – Policy

Under the "Policy" Column (1), there are actually two columns; one labeled HUD Goals, and the other labeled Policy Priority. Review the HUD Goals and Policy Priorities by clicking on the Tab labeled, "Goals Priorities" at the bottom of the eLogic Model®. For each of the eLogic Model® worksheets used in your application, select the HUD Goals and Policy Priorities that your program will address. You do this by clicking the mouse in one of the cells in Column (1) of the worksheets labeled (Year1, Year2, Year3, Total). A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of letters and numbers that correspond to the HUD Goals and Policy Priorities will appear. Select one or more of the HUD Goals and Policy Priorities number/letter in the list by clicking it. If you make an error and want to remove the listing, select the cell and click the DELETE KEY on your keyboard. The item will be deleted.

To associate the HUD Goals and Policy Priorities to particular Services/Activities, select a HUD Goal and Policy Priority in Column 1 and then select related Services/Activities in Column 3, Programming. Please remember that not every Activity and Outcome is related to a HUD Policy Priority so that you can select a HUD goal without selecting a HUD policy priority. Also your activities and outcomes may be associated to more than one HUD goal and one policy priority.

If there is more than one Service/Activity to be administered related to the HUD Goal and Policy Priority, select all the related Services/Activities and associated Outcomes and skip as many rows as needed to identify the activities and outcomes associated to the HUD Strategic Goal and/or Policy Priority. Then before entering the next HUD Goal and Policy Priority, skip a row and then enter the next Strategic Goal and/or HUD Policy Priority and all the associated activities and outcomes to ensure that the association is clear.

Applicants/Grantees can make clear during each Year of their award, what Services/Activities are related to the achievement of the HUD Goal and Policy Priority selected.

Repeat this process until you have selected all HUD Goals and Policy Priorities that apply to your application.

Column 2 – Planning

Under the "Planning" Column (3), select a "Needs" statement. Do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of "Needs" statement(s) will appear. Select one or more of these Needs statements in the list by clicking it. Because the column may be too narrow to show the full Needs statement in the dropdown list, you may wish to refer to the Tab labeled "Needs" to see the full statements or you can (using your mouse) click on the shaded cell [D7] labeled "Needs" and this will expand the cell. To return the cell to its original size, click again on cell [D7] labeled "Needs."

When expanding and returning the cell to its original size, click once. Do not double click. When you select a "Needs" statement, the full statement will fill the cell. If you don't want this statement, you can simply click the dropdown arrow again and select another item; or, you can delete a statement by selecting the cell and clicking the DELETE KEY on your keyboard. If you want to select more than one statement, go to the next cell in the column and repeat the process selecting the appropriate statement(s). You can do this until you have selected all the statements that are appropriate to your proposed program.

The selections should reflect the Needs identified in your response to your Rating Factor narratives. There is no need to select all the Needs statements if they do not apply to what you plan to address or accomplish with the funding requested. When developing your eLogic Model®, associate the Needs statement(s) selected to the Services/Activities and Outcome(s) you select. To show relationships, you can skip rows when making your Needs statement(s) selection(s) and remember to place the associated Services/Activities and Outcome(s) in the same row.

Column 3 – Programming

Under the "Programming" Column (3), select Services/Activities. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of eligible Services/Activities appears. Select one of the Services/Activities in the list by clicking it. Identify your Year1 Services/Activities using the Year1 worksheet. Identify Year2 Services/Activities using the Year2 worksheet. Identify Year3 Services/Activities using the Year3 worksheet. Make a composite eLogic Model® of all years on the Total worksheet. *If you are only applying for a one year award, you do not need to create a composite eLogic Model® on the Total Tab.* Because the column may be too narrow to show the full Services/Activities statement in the dropdown list, you may wish to refer to the Tab labeled "Services" to see the full range of eligible Services/Activities, or you can (using your mouse) click on the shaded cell [E7] Services/Activities. This will expand the cell. To return the cell to its original size, click on shaded cell [E7] Services/Activities. When expanding and returning the cell to its original size, click once. **Do not double click.**

NOTE: If the Services/Activities that you are looking for does not appear on the dropdown list, choose "other" from the dropdown list and follow the instructions in the dialog boxes which are also described below:

▲ A dialog box will appear that says "Year1". Click "OK" and another dialog box will appear that says, "You have selected 'other' and have the option to create a new Service/Activity or Outcome and a Unit of Measure. Are you prepared to do this now?"

▲ Click "Yes" if you wish to continue.

▲ You will see an input window that says, "Enter a new Activity/Service or Outcome to your dropdown list." Enter your new Service/Activity in the field provided and click "OK."

▲ A second window will appear that says, "Specify a Unit of Measure." Enter the Unit of Measure in the field provided and click "OK". The new Service/Activity will appear in the eLogic Model® cell and it will be added to the dropdown list.

▲ The new Service/Activity which you added will be displayed with the prefix "new".

If this function does not occur when working with your eLogic Model® please look at the directions for enabling macros. If after following the directions and this function still does not work, please call the NOFA Information Center at 800-HUD-8929 week days during operating hours of 10:00 a.m. to 6:30 p.m. eastern time, Monday to Friday, except federal holidays. The NOFA Information Center cannot provide you additional help right before a deadline date. Please take into account their operating hours and allow at least 72 hours for the NOFA Information Center to be able to get you additional help.

YOU ARE ONLY PERMITTED TO ADD A TOTAL OF THREE NEW SERVICES/ACTIVITIES PER ELOGIC MODEL®.

▲ In the event that you want to delete, or change your newly created Service/Activity, follow the instructions in the dialog boxes which are also described below:

▲ Click the Tab labeled Services at the bottom of your screen and then click cell [B1], "Click here to allow deletion of New Activities" at the top right of the window.

▲ A dialog box will appear that says "Do you want to delete this new Service/Activity?", click "OK."

▲ A dialog box will appear that says "Caution! This will delete all instances of 'new Service/Activity in your Logic Model. Do you wish to continue?" Click "Yes."

You can only delete new Services/Activities.

To find out how to associate a Service/Activity and Outcome to a HUD Goal and Policy Priority, see the instructions under Column 1, Policy.

Column 4 – Measure

Notice that as the Services/Activities you selected appears in Column 3, a corresponding Unit of Measure appears or populates in the Column 4, Measure. The Unit of Measure could be "persons", "dollars", "square feet", "houses", "date", or some other Unit of Measure that relates to the selected Services/Activities. Immediately below the Unit of Measure are three blank cells. Enter the projected number of persons or units (or dates if applicable) you are proposing to deliver or accomplish in the "Pre" column. When entering the date, use the format M/D/YYYY. When entering your projection in the "Pre" column, type the number or date in the cell and tab down or use your mouse to go to the next cell. If you click the Enter key, you will see the error message, "Run-time error '13!':". If you see this message, click the button labeled End to continue. The "Run-time error '13!':" will not affect your work.

Please note that the "Post" and the Year-to-Date (YTD) columns are locked to be used later for reporting purposes so that at the time of application, you cannot enter data in these fields.

Column 5 – Impact

Under Column 5, "Impact", select the Outcome that best corresponds to the "Needs" statement, Column 2 and Services/Activities, Column 3, which you just previously identified and selected for your eLogic Model®. This is the same procedure used for completing Column 3. When you select an Outcome from the dropdown list, a Unit of Measure automatically appears in the next column, "Measure." Since the column may be too narrow to show the full Outcome statement in the dropdown list, you may wish to refer to the Tab labeled "Outcomes" to see the full range of Outcomes, or you can (using your mouse) click on the shaded cell [J7] Outcome. This will expand the cell. To return the cell to its original size, click on shaded cell [J7] Outcome.

NOTE: When expanding and returning the cell to its original size, click once. **Do not double click.**

NOTE: If the Outcome that you are looking for does not appear on the dropdown list, choose "other" from the dropdown list and follow the instructions in the dialog boxes which are also described below:

▲ A dialog box will appear that says "Year1". Click "OK" and another dialog box will appear that says, "You have selected 'other' and have the option to create a new Service/Activity or Outcome and a Unit of Measure. Are you prepared to do this now?"

▲ Click "Yes" if you wish to continue.

▲ You will see an input window that says, "Enter a new Activity/Service or Outcome to your dropdown list." Enter your new Outcome in the field provided and click "OK."

▲ A second window will appear that says, "Specify a Unit of Measure." Enter the Unit of Measure in the field provided and click "OK". The new Outcome will appear in the eLogic Model® cell and it will be added to the dropdown list.

▲ The new Service/Activity which you added will be displayed with the prefix "new".

If this function does not occur when working with your eLogic Model® please look at the directions for enabling macros. If after following the directions and this function still does not work, please call the **NOFA Information Center** at 800-HUD-8929 week days during operating hours of 10:00 a.m. to 6:30 p.m. eastern time, Monday to Friday, except federal holidays. The NOFA Information Center cannot provide you additional help right before a deadline date. Please take into account their operating hours and allow at least 72 hours for the NOFA Information Center to be able to get you additional help.

YOU ARE ONLY PERMITTED TO ADD A TOTAL OF THREE NEW OUTCOMES PER ELOGIC MODEL®.

In the event that you want to delete, or change your newly created Outcome, follow the instructions in the dialog boxes which are also described below:

▲ Click the Tab labeled Outcomes at the bottom of your screen and then click cell [B1], "Click here to allow deletion of New Outcomes" at the top right of the window.

▲ A dialog box will appear that says "Do you want to delete this Outcome?", click "OK."

▲ A dialog box will appear that says "**Caution!** This will delete all instances of 'new Outcome' in your Logic Model. Do you wish to continue?" Click "Yes."

▲ **You can only delete new Outcomes.**

To find out how to associate a Service/Activity and Outcome to a HUD Goal and Policy Priority, see the instructions under Column 1, Policy.

Column 6 – Measure

As the Outcomes you selected appear in the cell, a corresponding Unit of Measure appears or populates in Column 6, Measure. The Unit of Measure could be "persons", "dollars", "square feet", "houses", "date", or some other Unit of Measure that relates to the selected Outcome. Immediately below the Unit of Measure are three blank cells. Enter the projected number of persons or units (or dates if applicable) you are proposing to deliver or accomplish in the "Pre" column. When entering the date, use the format M/D/YYYY. When entering your projection in the "Pre" column, type the number or date in the cell and tab down or use your mouse to go to the next cell. If you click the Enter key, you will see the error message, "Run-time error '13' ". If you see this message, click the button labeled End to continue. The "Run-time error '13':" will not affect your work.

The "Post" and the Year-to-Date (YTD) columns are locked to be used later for reporting purposes.

Review for Using Columns 2, 3, 4, 5, and 6 of the eLogic Model®

How To Demonstrate the Relationship between a HUD Goal, Policy Priority, Services/Activities and Outcomes

In the eLogic Model®, applicants can select Services/Activities and Outcomes as appropriate to how they conduct business. There are four possible types of associations among Services/Activities and Outcomes:

One to One - A single Service/Activity can yield a single Outcome. For example, referral to an employer can yield job placement; the Service/Activity is referral and the Outcome is job placement.

One to Many - A single Service/Activity can yield more than one Outcome. For example, a Service/Activity such as referral to an employer can yield several Outcomes such as job placement, job retention lasting 30 days, and job retention lasting longer than 90 days.

Many to One - More than one Service/Activity can yield one Outcome. For example, Services/Activities such as providing resume writing, job search classes, pre-employment counseling, and referrals to employers can result in a single job placement, the Outcome.

Many to Many - More than one Service/Activity can yield more than one Outcome. For example, multiple Services/Activities such as providing resume writing, job search classes, pre-employment counseling, and referrals to employers can result in multiple Outcomes including job placement, job retention more than 30 days, job retention more than 90 days, and increased household income.

There is no predesigned way to complete your eLogic Model®. It depends on how you operate your program.

Demonstrating Relationships Between Services/Activities and Outcomes

Show the relationships between the Services/Activities and Outcomes as you create your eLogic Model® using one or more of these models described above:

▲ One to One

▲ One to Many

▲ Many to One

▲ Many to Many

Between each Service/Activity, skip a row and then start entering the next set of Services/Activities. Use the same structure to enter your associated Outcomes. There is more than enough space to do this within the eLogic Model® Template.

Repeat the process of specifying "Policy", "Needs", "Service/Activity" and "Outcome" using as many rows as is necessary to fully describe your proposal. Applicants must skip a row when selecting new HUD Goals, Policy Priorities, Needs, Activities/Services and Outcomes. The eLogic Model® form extends to six pages when printed out. You may view a preprint of your eLogic Model® at any time by selecting FILES | Print Preview from the Menu bar at the very top of the Excel® Window. It is recommended that you do this periodically to get a better view of the eLogic Model® you are creating.

Associating Services/Activities with Outcomes Over Multiple Years

You can adjust the look of your eLogic Model® by skipping rows, so that "Needs", "Services/Activities" and "Outcomes" are grouped or associated together. If you are conducting a multi-year project and the "Services/Activities" occurs in Year1 with the resulting Outcomes occurring in Year2, make sure that you show the relationship between the Services/Activities in Year1 with the Outcomes occurring in Year2 and similarly the relationships between Year2 Services/Activities with the Outcomes occurring in Year3. You can do this by leaving blank fields corresponding to the lines in which Services/Activities were identified in the previous year or years. For example, if you have enrolled someone in General Equivalency Degree (GED) classes, the results of attending the GED Classes may not result in a person obtaining a GED degree until Year 2 or Year 3.

To show the relationship over time:

▲ Enter the Services/Activities in Year 1 noting to yourself the line numbers on the Excel® worksheet that the Services/Activities appear in the Year 1 Tab of the eLogic Model®.

▲ Move to the year Tab that you are proposing the Outcomes to occur. In the Year 2 or Year 3 Tab, place the Outcomes in the Outcomes section in the same rows that you noted the Services/Activities. You will be leaving the Outcomes blank in Year 1 and the Services/Activities blank for those corresponding rows in either Year 2 or Year 3.

▲ Skip a row in both the Year 1 and the corresponding Year that you placed the Outcomes. Do this as many times as needed, remembering to maintain the same row numbers for Services/Activities and Outcomes across the span of years.

Demonstrating the Relationship To Needs Statements

Similarly, if you want to demonstrate the relationship between Services/Activities, Outcomes and a Needs statement, select the Needs statement and enter the Services/Activities and the corresponding Outcomes on the same row in the Excel® worksheet. To select another Needs statement, skip a row and identify the Services/Activities and Outcomes on the same row in the Excel® worksheet. This can occur within a single year or across years provided you remember to maintain the row alignment to the Needs statement, Services/Activities and Outcomes. You can continue adding activities and outcomes associated to the Needs statement as needed. When done, skip a row to move to another Needs statement and set of Services/Activities,

CAUTION, DO NOT CUT & PASTE ITEMS FROM ONE COLUMN TO ANOTHER. For example, do not cut and paste an item from the "Needs" Column to the "Services/Activities" Column, or the "Services/Activities" Column to the "Outcomes" Column. Doing so will produce an unstable worksheet which will behave erratically, requiring you to start over with a new blank eLogic Model® workbook.

Column 7 – Accountability

Under the "Accountability" Column (7), enter the tools and the process of collection and processing of data in your organization to support all project management, reporting, and responses to the Management Questions. This column provides the framework for structuring your data collection efforts. If the collection and processing of data is not well planned, the likelihood of its use to further the management of the program and support evaluation activity is limited. If data are collected inconsistently, or if data are missing, not retrievable, or mishandled, the validity of any conclusions is weakened.

The structure of Column 7 contains five components in the form of dropdown fields that address the Evaluation Process. You are responsible for addressing each of the five steps that address the process of managing the critical information about your project.

A. Tools for Measurement

B. Where Data Maintained

C. Source of Data

D. Frequency of Collection

E. Processing of Data

You may select up to five choices for each of the five processes (A-E) that supports Accountability and tracks Services/Activities and Outcomes. Given the limited space, please identify the most frequent sources for the processes (A-E). As you proceed through the remaining components, B through E, specify those components in the same order as you selected the "Tools for Measurement" listed under item A. For example, if the first Tool is "Pre-post Test," then the first item under B "Where Data Maintained" must identify where the pre-post test data is maintained, and so on through E. The first entry should pertain to "Pre-post Test." Likewise, if the second item in A is "Satisfaction Surveys," then specify the second item in B through E as it pertains to "Satisfaction Surveys."

A. Tools for Measurement. A device is needed for collecting data; e.g., a test, survey, attendance log, or inspection report, etc. The tool "holds" the evidence of the realized Services/Activities or Outcomes specified in the eLogic Model®. At times, there could be multiple tools for a given event. A choice can be made to use several tools, or rely on one that is most reliable, or most efficient but still reliable. Whatever tool is identified, it is important to remain consistent throughout the project.

Instructions: Under Column 7, Accountability, select your choices of "Tools for Measurement" to Track Services/Activities and Outcomes. You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Tools appears. Select one or more of the Tools in the list by clicking it.

B. Where Data Maintained. A record of where the data or data tool resides must be maintained. It is not required that all tools and all data are kept in one single place. You may keep attendance logs at the main office files, but keep other tools or data such as a "case record" in the case files at the service site. It is important to designate where tools and/or data are to be maintained. For example, if your program has a sophisticated computer system and all data is entered into a custom-designed database, it is necessary to designate where the original or source documents will be maintained.

Instructions: Under Column 7, Accountability, select your choices of "Where Data Maintained." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Where Data Maintained appears. Select one or more of the Where Data Maintained in the list by clicking it.

C. Source of Data. This is the source where the data originates. Identify the source and make sure that it is appropriate. Instructions: Under Column 7, Accountability, select your choices of "Source of Data." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Source of Data appears. Select one or more of the Source of Data in the list by clicking it.

D. Frequency of Collection. Timing matters in data collection. In most instances, you want to get it while it occurs. Collect data at the time of the encounter; if impossible, when it is most opportune immediately thereafter. For example, collect report card data immediately upon the issuance of report cards. Do not wait until after the school year is over. Collect feedback surveys at the conclusion of the event, not a few months later when clients may be difficult to reach. Reporting can be done at anytime if the data is already collected. Another important aspect of this dimension is consistency. If some post tests are collected soon after the event, but others are attempted months later, the data are confounded by the differences in the timing. If some financial data are collected at the middle of the month and others at the end of the month, the data may be confounded by systematic timing bias. Instructions: Under Column 7, Accountability, select your choices of "Frequency of Collection." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Frequency of Collection appears. Select one or more of the Frequency of Collection in the list by clicking it.

E. Processing of Data. This is where you identify the mechanism that will be employed to process the data. Some possibilities are: manual tallies, computer spreadsheets, flat file database, relational database, statistical database, etc. The eLogic Model® is only a summary of the program and it cannot accommodate a full description of your management information system. There is an implicit assumption that the grantee has thought through the process to assure that the mechanism is adequate to the task(s). Instructions: Under Column 7, Accountability, select your choices of "Processing of Data." You do this by clicking the mouse in one of the cells of this column. A little dropdown arrow appears. Click the dropdown arrow and a dropdown list of Processing of Data appears. Select one or more of the Process of Data in the list by clicking it.

Saving Your eLogic Model®

The 2010 eLogic Model® was constructed using Excel™ 2007. The models are posted on Grants.gov as Excel® 2003. You can save your eLogic Model® as an Excel® 97-2003 Workbook or as an Excel® 2007 Workbook. If you are using Excel® 97-2003 and if you see [Compatibility Mode] at the top of your Excel® where the name of the Excel® Workbook is located, it will not affect the functionality of the eLogic Model®. You can run the eLogic Model® in either Excel® version without functionality issues.

When you have completed the eLogic Model®, or wish to stop and continue later, save the file by going to the Excel® Menu bar and choosing FILE | Save As. Then specify a name for the file, and note where you save the file on your computer.

▲ Use the name of the HUD Program and your organization name to form a file name for your eLogic Model®. **For example, FHIP_DillardAffordableHousing.** Please note that there is an "underscore" between FHIP and no spaces between Dillard Affordable Housing separating the Program Name from the Project Name which is needed to identify the eLogic Model® in the database. This is the only convention allowed to separate these two terms. Do not use an underscore to separate words in your project name. The database will read "DillardAffordableHousing" as one name.

Do not use spaces or special characters such as dashes, periods, asterisks, and symbols when saving your eLogic Model®, only use letters and numbers. Only underscores are permitted. If you fail to follow these directions by using special characters or spaces, or the file name exceeds 50 characters, grants.gov will reject your submission as JAVA code treats your submission as containing a virus.

If your program has a program component, please follow the example below adding the Program Component "EOI" with an underscore:

▲ FHIP_EOI_DillardAffordableHousing

Please remember, if you are submitting multiple applications under the same applicant name for the same HUD program, you must distinguish between the two applications as is shown below:

▲ FHIP_EOI_DillardAffordableHousing1

▲ FHIP_EOI_DillardAffordableHousing2

Please be sure to review the file formats and naming requirements contained in the General Section.

Excel® automatically adds the file extension ".xls" or ".xlsx" to your file name. Make sure the file extension is not capitalized. In following these directions, if your organizational name exceeds the 50 character limit for space, you should abbreviate your organizational name by either using its initials or a recognizable acronym, e.g., South Carolina State University maybe written as SCSU, or Howard University maybe written as HOWDU.

If you attempt to close the eLogic Model® without entering the Applicant Legal Name, the DUNS Number or Project Name, you receive a message that says "You still need to enter the Applicant Legal Name, the DUNS Number or Project Name. Dialog boxes have been created as reminders. Click OK on the dialog boxes. You will then get to the default Excel® dialog box asking if you want to save changes. Clicking CANCEL will allow you to go back and enter the missing mandatory fields. Clicking YES will save your work and close the Workbook but the mandatory fields will not be completed. **Clicking NO WILL NOT SAVE your work and will close the Workbook.**"

Later, you will "Attach" this file to your application. Please remember the name of the file that you are saving. Be sure to delete any earlier version so that when you go to attach the file to your application, you select the appropriate and final file.

A single Workbook will be adequate for completing your eLogic Model®.

This ends the instructions for completing your eLogic Model® for application submission.

INSTRUCTIONS FOR REPORTING PERFORMANCE TO HUD

Do not modify or change the integrity of the eLogic Model® by adding additional Tabs or worksheets. The Instructions provided here will meet your needs. When saving your eLogic Model®, save it in the Excel® format. Do not convert it into PDF.

If your project is selected for funding, the eLogic Model® will be used as a monitoring and reporting tool upon final approval from the HUD program office. Upon approval, HUD will open the reporting side of the eLogic Model® allowing you to submit the actual Services/Activities and Outcomes against the approved (projected) Services/Activities and Outcomes. Specifically, HUD will open the "Post" and "YTD" fields in both Columns 4 and 6, and will close the "Pre" fields in the same columns. HUD will also open the Reporting Tab for you to meet the reporting requirements that are discussed below. The HUD program office will send back to you or post to a website, the approved eLogic Model® to be used for reporting purposes.

Identify the Reporting Period Covered by the Report

On the Coversheet are three fields that must be completed when you submit your reports to HUD: "Grants.gov Application Number", "HUD Award Number", and "Logic Model Amendment Number" which are located on Rows 33, 34 and 35 respectively. These fields allow HUD to associate the eLogic Model® submitted with the application with the negotiated logic model, and reports submitted. On the Year1, Year2, Year3 and Total Tabs are three additional fields labeled "Reporting Period", "Reporting Start Date" and "Reporting End Date." These three fields are not to be used at time of application. At the time of reporting they are "mandatory." They are used during the reporting process to record the Start and End date of your reporting period. . " The required data must be entered to have a complete eLogic Model® report.

Before closing and saving your eLogic Model® report, click the worksheet Tab, "Coversheet" and at the top left, click "Check Errors." If you did not complete any of the "mandatory" fields, a message box will appear telling you what field(s) were not completed and the field(s) will be highlighted in yellow. When actually reporting performance on your approved eLogic Model®, select the "Reporting Period" using the dropdown feature for:

- ▲ Yr1 1st Quarter
- ▲ Yr1 2nd Quarter
- ▲ Yr1 3rd Quarter
- ▲ Yr1 4th Quarter
- ▲ Yr2 5th Quarter
- ▲ Yr2 6th Quarter
- ▲ Yr2 7th Quarter
- ▲ Yr2 8th Quarter
- ▲ Yr3 9th Quarter
- ▲ Yr3 10th Quarter
- ▲ Yr3 11th Quarter
- ▲ Yr3 12th Quarter
- ▲ Final Report.

Note: For those reporting on a semi-annual basis, the reporting period identified in the eLogic Model® report would be Yr1 2nd Quarter, and Yr1 4th Quarter for the first year reports and Yr2 6th Quarter and Yr2 8th Quarter, etc.. For those reporting on an annual basis, the eLogic Model® reporting period would be selected as Yr1 4th Quarter. If the award was a one year award, and the award was completed, the reporting period selected would be Final Report. If the report was multi-year, for the 2nd year report, the reporting period would be Yr2 8th Quarter.

Then enter a "Reporting Start Date" and the "Reporting End Date" that reflects the reporting period you will be submitting in accordance with required reporting time frames indicated in the HUD Program NOFA and the Award Agreement. When entering the dates, you must use this format, MM/DD/YYYY including the slashes. Using the MM/DD/YYYY format will allow HUD to enter your eLogic Model® into the database. If not, you may have to resubmit your eLogic Model® if it is not accepted by HUD.

Completing Performance Information in YEAR1, YEAR2, YEAR3, and TOTAL Tabs

Your projections approved by HUD that were entered in the "Pre" Column will be locked in and the "Post" and "YTD" will be opened for reporting purposes. When reporting enter:

- ▲ Year1 accomplishments utilizing the Year1 Tab
- ▲ Year2 accomplishments utilizing the Year2 Tab
- ▲ Year3 accomplishments utilizing the Year3 Tab

For multi-year awards, use the Total Tab to capture cumulative reporting during years 2 and 3 and for your final report. *If you have a one year award you only need to complete Year1 for your final report.* If you have a two year award, use Year1, Year2, and Total. If you have a three year award, use Year1, Year2, Year3, and Total.

In each reporting period, enter your data for the reporting period cover by the report. Do not enter cumulative data in this column. The column labeled YTD is used to capture the cumulative data for the current reporting period as well as all past reports submitted covering the first year of the award. For example, if you report quarterly.

When reporting Activities in Year1:

▲ Enter your first quarter accomplishments in the "Post" column and the cumulative accomplishments in the "YTD" column. For the first quarter reporting, the numbers or dates will be the same in both columns.

▲ For the second quarter of Year1 reporting, enter the data covering second quarter activities and outcomes which occurred in that quarter only. In the "YTD" column, you will enter the cumulative total of both the first and second quarter accomplishments.

▲ Follow this same process for all quarters in Year1.

When reporting Activities in Year2:

▲ Only enter your first quarter accomplishments of Year2 in the "Post" column. The information should only reflect activities and outcomes that occur in the 1st quarter of year 2. Cumulative accomplishment from year 1 and year 2 activities and outcomes will be recorded in the Total Worksheet.

▲ Enter the Year 2 Quarter 1 accomplishments in the "YTD" column. For the first quarter reporting the numbers or dates will be the same for both the Actual and the YTD columns.

▲ For the second quarter of Year2 reporting, you will only enter the second quarter results (what actually occurred in the second quarter independent of the previous quarter) of the Year2 in the "Post" column.

▲ In the "YTD" column, you will enter the cumulative total of both the first and second quarter accomplishments for Year2. In the Total worksheet enter the cumulative total (the YTD from Year1 and the YTD from Year2). Follow these instructions for all quarters in Year2.

When reporting Activities in Year3, enter your first quarter accomplishments of Year3 non-cumulative in the "Post" column and the cumulative accomplishment of Year3 in the "YTD" column.

▲ For the first quarter reporting the numbers or dates will be the same in both columns.

▲ For the second quarter of Year3 reporting, you will enter the non-cumulative second quarter results (what actually occurred in the second quarter independent of the previous quarter) of the Year3 in the "Post" column.

▲ In the "YTD" column you will enter the cumulative total of both the first and second quarter accomplishments for Year3. In the Total worksheet enter the cumulative total (the YTD from Year1, the YTD from Year2 and the YTD from Year3). Follow these instructions for all quarters in Year3.

Using the Total Worksheet

If you have a multi-year award, you will begin to use the "Total" Tab at the beginning of the second year. The "Total" Tab is designed to show cumulative totals of Year1, Year2, and Year3. The "Total" worksheet will show the cumulative progress for Year1, Year2, and Year3. In the Total worksheet, when you are reporting accomplishments for the first quarter of Year2, add the "YTD" number from Year1 and the "YTD" number for Year2. Remember, the first quarter of Year2 and the "Post" is the same number as the "YTD" number. If you are reporting accomplishments for the second quarter of Year2, add the "YTD" number from Year1 and the "YTD" number from Year2 and add them to reach a cumulative total or

"YTD" of Year1 and the first two quarters of Year2.

Follow these instructions for all quarters in Year2, and Year3. At the end of the award period, the "Total" Worksheet will contain the cumulative total for all years.

Using the Reporting Worksheet

The Reporting Tab (worksheet) serves three functions: 1) Respond to the Management Questions, 2) Describe or explain actual performance compared to what was projected, and 3) Provide an explanation of any deviation (positive or negative) from the projections in your approved eLogic Model®.

Each program has different Management Questions that are applicable to that program only. The Management Questions contained in the eLogic Model® ask key questions related to all Services/Activities and Outcomes in the drop-down lists in the eLogic Model® forms for each HUD program. Grantees are required to report on the Management Questions which relate to the specific Services/Activities and Outcomes that are in their HUD approved eLogic Model®. These are determined during negotiations with HUD. HUD will use the approved eLogic Model® for monitoring program performance throughout the project. The Services/Activities and Outcomes identified in your approved eLogic Model®, and resultant data reported in your eLogic Model® over the award performance period should enable you to address most or all of the Management Questions reflective of your project. The data collected during the course of your work and captured in the eLogic Model® will also be useful to you in evaluating the effectiveness of your program.

Use the Reporting Tab to enter your responses to the Management Questions by entering the appropriate "Count/Amount" in the fields provided. The last question asks, "Describe the population you are serving in the space below." Enter a brief summary description of the demographic and socio-economic characteristics of the area and clients you are serving. Your description should be short and to the point -- a paragraph or less.

Narrative Description - Positive/Negative Deviation from Approved eLogic Model® Projections

In addition to your submission of your eLogic Model® results, if there are deviations from what you projected, then you must include a narrative indicating any positive or negative deviations from projected Services/Activities and Outcomes as contained in your approved eLogic Model® and explain the basis for the actual performance as compared to what was projected. In your narrative be sure to identify the Services/Activities and Outcomes from your approved eLogic Model® that you are describing and the reason why this deviation occurred. When doing this, create a paragraph header labeled, "Narrative Description - Positive/Negative Deviation from Approved Logic Model Projections." By identifying the deviations and the reasons, HUD is able to obtain information on what impacts affect the timeline for program activity and outcomes, and also will be able to share and disseminate best practices to help grantees learn from each other and to also increase the effectiveness of the program.

Saving Your Report

Save the eLogic Model® file you receive from HUD. Each time you submit your report to HUD, add the fiscal year of the NOFA in which the award was made and the reporting period to the file name. For example:

This is for a 1st quarter report.

▲ **FHIP_EOI_DillardAffordableHousing2010qtr1**

This is for a 2nd quarter or semi-annual report.

▲ **FHIP_EOI_DillardAffordableHousing2010qtr2**

This is for a 3rd quarter report.

▲ **FHIP_EOI_DillardAffordableHousing2010qtr3**

This is for a 4th quarter or annual report.

▲ **FHIP_EOI_DillardAffordableHousing2010qtr4**

This is for a 5th quarter or the first reporting period in year 2 of the project.

▲ **FHIP_EOI_DillardAffordableHousing2010qtr5**

Please remember, if you are reporting on multiple projects under the award for the same HUD program, you must distinguish between the two reports as is shown below. **Please note that an underscore was added before the fiscal year. Only add the underscore if there are multiple projects:**

▲ **FHIP_EOI_DillardAffordableHousing1_2010qtr1**

▲ **FHIP_EOI_DillardAffordableHousing2_2010qtr2**

For eLogic Model® Training via webcast, consult the webcast schedule found at HUD's website at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. If you have any questions regarding reporting requirements, please contact your HUD program representative.

Reporting Requirements

As part of your required reports to HUD, you must also submit an eLogic Model® report in either Excel® 2003 or 2007. (See the FY2010 General Section of the NOFA in the HUD approved electronic formats.)

2010 eLogic Model® Information Coversheet



Instructions

When completing this section there are "mandatory" fields that must be completed. These fields are highlighted in yellow. The required data must be entered correctly to complete an eLogic Model®. After completing all mandatory fields on the coversheet click on the "Check Errors" button at the top of this page. Applicant Legal Name must match box 8a in the SF-424 in your application. Enter the legal name by which you are incorporated and pay taxes. CCR Doing Business is new for 2010 eLogic Model®. Only complete this field if your registration at CCR includes an entry in Doing Business as: (dba). Enter the DUNS # as entered into box 8c of the SF-424 Application for Federal Assistance form. Enter the City where your organization is located, this information must match the SF-424 data in your application. Use the dropdown to enter the State where your organization is located, this information must match the SF-424 data in your application. This information must match the SF-424 data in your application. Enter the Grantee Contact Name and email address in the field provided. Enter the name of the person that completed the eLogic Model® and their email address in the field provided. When completing the Project Information Section, applicants except Indian Tribes must enter their Project Name, Project Location City/County/Parish, State, Project Type, and Construction Type. If there are multiple locations, enter the location where the majority of the work will be done. Indian tribes, including multi-state tribes, should enter the City or County associated with their business address location. For Indian Tribes, enter the state applicable to the business address of the Tribal entity.

Program Information

HUD Program **Lead Hazard Reduction Demonstration**
 Program CFDA # **14.905**

Program Component

Grantee Information

Applicant Legal Name	City of Cincinnati, Department of Health
CCR Doing Business As Name	Child Lead Poisoning Prevention Program
DUNS Number	0433 - -
City	Cincinnati
State	OHIO
Zip Code	4522 - - 1205
Grantee Contact Name	Mrs. V. Aparajit
Grantee Contact email	rashr...jit@cincinnati
Logic Model Contact Name	Mrs. V. Aparajit
Logic Model Contact email	rashr...jit@cincinnati

Project Information

Project Name	CLOSE - Cincinnati's Lead Operation for Safe Environments. Let's CLOSE the door on Lead.
Project Location City/County/Parish	City of Cincinnati
Project Location State	OHIO
Zip Code	4522 - - 1205
Project Type	Lead Hazard Reduction
Construction Type	Rehabilitation

Additional Information for Reporting (Leave Blank At the Time of Application)

Grants.gov Application Number	
HUD Award Number	
Logic Model Amendment Number	



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.		Reporting End Date

DUNS No. 043325158 - 0



HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7					
Policy	Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability	
3B	2c	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Housing-Clearance Units cleared	Units cleared			Housing-Increased lead safe affordable housing Units	Units			A. Tools for Measurement
				93				93			
			Housing-Intake Units	Units				Housing-Increased lead safe affordable housing Units	Units		
	114			93							
3B	2d		Housing-LBP Inspection/Risk assessment Units	Units			Housing-Increased lead safe affordable housing Units	Units			Enforcement log
				100				93			
3B	2f		Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.			Housing-Matched and leveraged funds to awarded funds Percent	Percent			B. Where Data Maintained
				976,175				22			
3C	1a		Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Specialized database
				232,143				232,143			
3C	1a		Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs			Employment Opportunities-Other-Green Jobs retained Jobs	Jobs			Specialized database
				24				24			
3C	1a	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Business Opportunities-Section 3-Green Businesses Businesses	Businesses			C. Source of Data
				24				24			
3C	1a		Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Business licenses
				6				6			
3C	1a		Business Opportunities-Other-Green Businesses Businesses	Businesses			Business Opportunities-Other-Green Businesses Businesses	Businesses			Business licenses
				93				93			
3C	1a		Business Opportunities-Other-Green Dollars Dollars	Dollars			Business Opportunities-Other-Green Businesses Businesses	Businesses			D. Frequency of Collection
				696,428				696,428			
			Employment Opportunities-Other-Green Jobs	Jobs			Employment Opportunities-Other-Green Jobs	Jobs			Quarterly



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.		Reporting End Date

DUNS No. 043325158 - 0



2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7					
	Policy	Planning	Programming	Impact		Accountability					
3C	1a		created Jobs	created Jobs							
			Employment Opportunities-Other-Green Jobs retained Jobs	Jobs	Employment Opportunities-Other-Green Jobs retained Jobs						Quarterly
3C	1a		93				93				
		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Training Opportunities-Green Section 3-Persons Persons	Persons	Training Opportunities-Green Section 3-Persons Persons	Persons	Persons				Quarterly
3C	1b		6			6					E. Processing of Data
			Training Opportunities-Green Section 3-Sessions Sessions	Sessions	Training Opportunities-Green Section 3-Sessions Sessions	Sessions	Sessions				Computer spreadsheets
3C	1b		1			1					
			Outreach-Community outreach to targeted population-Events Events	Events	new- Education on preventing lead poisoning Persons	Persons	Persons				Computer spreadsheets
3A	5a		16			285,714					
			Outreach-Community outreach to targeted population-Persons Persons	Persons	new- Education on preventing lead poisoning Persons	Persons	Persons				
3A	4c		285,714			285,714					
			Outreach-Outreach materials disseminated Materials	Materials	new- Education on preventing lead poisoning Persons	Persons	Persons				
3A	4c		71,429			285,714					
			Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.	new- Education on preventing lead poisoning Persons	Persons	Persons				
3A	2f		28,571			285,714					
		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for blood lead testing Persons	Persons	Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons	Persons				
3B	6a		86			86					
			Health-Referrals to medical follow-up Children	Children	Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons	Persons				
3B			86			86					
			Policy Priority-Housing as a Platform-	Partner	Policy Priority-Housing as a Platform-Number	Persons	Persons				



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.		Reporting End Date

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools	
				Pre	Post	YTD		Pre	Post	YTD		
1	2	3	4	5	6	7						
	Policy	Planning	Programming				Impact				Accountability	
3B		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Partnership with local Community Health Clinic Partner	3			of children under age 6 referred for blood level testing Persons	3857				
3B			Health-Lead screening-Blood lead levels Children	Children	3857			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	3857			
3B	2f		Health-Lead screening-Blood lead levels Children	Children	3857			Housing-Matched and leveraged funds to awarded funds Percent	2			
3B	6a		Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for blood lead testing Persons	Persons	26			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26			
3B			Health-Referrals to medical follow-up Children	Children	26			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26			
				#VALUE!					#VALUE!			
3B			Policy Priority-Housing as a Platform-Information provided on access to health care and health care facilities Households	Households	100			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26			
				#VALUE!					#VALUE!			
3B	6a	Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	Partner	3			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26				
3B	5c	Policy Priority-Housing as a Platform-Providing households with referrals to social service agencies Referrals	Referrals	86			Policy Priority-Housing as a Platform-Number of households referred to social service agencies Households	86				
		There is a need to control	Policy Priority-Housing as a Platform-	Households			Policy Priority-Sustainability-Number of units				Units	



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration		Reporting Period
Program Component			Reporting Start Date
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.		Reporting End Date

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools	
				Pre	Post	YTD		Pre	Post	YTD		
1	2	3	4	5			6	7				
Policy	Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability		
3B	2c	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Housing-Clearance Units cleared	Units cleared			Housing-Increased lead safe affordable housing Units	Units			A. Tools for Measurement	
				93				93				
			Housing-Intake Units	Units			Housing-Increased lead safe affordable housing Units	Units				Intake log
3B	3c			114				93				
3B	2d			Housing-LBP Inspection/Risk assessment Units	Units			Housing-Increased lead safe affordable housing Units	Units			Enforcement log
					100				93			
3B	2f			Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.			Housing-Matched and leveraged funds to awarded funds Percent	Percent			B. Where Data Maintained
					976,175				22			
3C	1a			Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Specialized database
					232,143				232,143			
3C	1a		Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs			Employment Opportunities-Other-Green Jobs retained Jobs	Jobs			Specialized database	
				24				24				
3C	1a	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Specialized database	
				24				24			C. Source of Data	
3C	1a			Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Business licenses
					6				6			
3C	1a			Business Opportunities-Other-Green Businesses Businesses	Businesses			Business Opportunities-Other-Green Businesses Businesses	Businesses			Business licenses
					93				93			
3C	1a			Business Opportunities-Other-Green Dollars Dollars	Dollars			Business Opportunities-Other-Green Businesses Businesses	Businesses			Business licenses
					696,428				696,428			D. Frequency of Collection



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools	
				Pre	Post	YTD		Pre	Post	YTD		
1	2	3	4	5	6	7						
Policy	Planning	Programming	Jobs	Impact	Jobs	Accountability				Quarterly		
3C	1a	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Employment Opportunities-Other-Green Jobs created Jobs	93			Employment Opportunities-Other-Green Jobs created Jobs	93			Quarterly	
3C	1a		Employment Opportunities-Other-Green Jobs retained Jobs	93			Employment Opportunities-Other-Green Jobs retained Jobs	93			Quarterly	
3C	1b		Training Opportunities-Green Section 3-Persons Persons	6			Training Opportunities-Green Section 3-Persons Persons	6			Quarterly E. Processing of Data	
3C	1b		Training Opportunities-Green Section 3-Sessions Sessions	1			Training Opportunities-Section 3-Persons Persons	1			Computer spreadsheets	
3A	5a		Outreach-Community outreach to targeted population-Events Events	16			new- Education on preventing lead poisoning Persons	285,714			Computer spreadsheets	
3A	4c		Outreach-Community outreach to targeted population-Persons Persons	285,714			new- Education on preventing lead poisoning Persons	285,714				
3A	4c		Outreach-Outreach materials disseminated Materials	71,429			new- Education on preventing lead poisoning Persons	285,714				
3A	2f		Housing-Resources matched and leveraged \$\$/materials/labor/etc.	28,571			new- Education on preventing lead poisoning Persons	285,714				
3B	6a		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for blood lead testing Persons	86			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	86			
3B				Health-Referrals to medical follow-up Children	86			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	86			



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7					
Policy	Planning	Programming	Partner	Impact	Persons	Accountability					
3B		Health-Lead screening-Blood lead levels Partner	3			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	3857				
3B		Health-Lead screening-Blood lead levels Children	3857			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	3857				
3B	2f	Health-Lead screening-Blood lead levels Children	3857			Housing-Matched and leveraged funds to awarded funds Percent	2				
3B	6a	Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for blood lead testing Persons	26			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26				
3B		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Health-Referrals to medical follow-up Children	26		Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26				
			#VALUE!				#VALUE!				
3B		Policy Priority-Housing as a Platform-Information provided on access to health care and health care facilities Households	100			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26				
			#VALUE!				#VALUE!				
3B	6a	Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	3			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	26				
3B	5c	Policy Priority-Housing as a Platform-Providing households with referrals to social service agencies Referrals	86			Policy Priority-Housing as a Platform-Number of households referred to social service agencies Households	86				



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5			6			7	
Policy	Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability	
3B	2c	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Housing-Clearance Units cleared	Units cleared			Housing-Increased lead safe affordable housing Units	Units			A. Tools for Measurement
				139				139			
			Housing-Intake Units	Units			Housing-Increased lead safe affordable housing Units	Units			
3B	3c			172				139			
3B	2d		Housing-LBP Inspection/Risk assessment Units	Units			Housing-Increased lead safe affordable housing Units	Units			Enforcement log
				150				139			
3B	2f		Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.			Housing-Matched and leveraged funds to awarded funds Percent	Percent			B. Where Data Maintained
				1,464,262				32			
3C	1a		Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Specialized database
				348,214				348,214			
3C	1a	Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs			Employment Opportunities-Other-Green Jobs retained Jobs	Jobs			Specialized database	
			34				34				
3C	1a	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Specialized database
			34				34			C. Source of Data	
3C	1a	Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Business licenses	
			8				8				
3C	1a	Business Opportunities-Other-Green Businesses Businesses	Businesses			Business Opportunities-Other-Green Businesses Businesses	Businesses			Business licenses	
			139				139				
3C	1a	Business Opportunities-Other-Green Dollars Dollars	Dollars			Business Opportunities-Other-Green Businesses Businesses	Businesses			Business licenses	
			1,044,644				1,044,644			D. Frequency of Collection	



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7					
	Policy	Planning	Programming	Impact	Pre	Post	YTD	Pre	Post	YTD	Accountability
			Employment Opportunities-Other-Green Jobs created Jobs	Jobs	Employment Opportunities-Other-Green Jobs created Jobs	Jobs	Jobs	Jobs	Jobs	Jobs	Quarterly
3C	1a			139				139			
			Employment Opportunities-Other-Green Jobs retained Jobs	Jobs	Employment Opportunities-Other-Green Jobs retained Jobs	Jobs	Jobs	Jobs	Jobs	Jobs	Quarterly
3C	1a			139				139			
		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Training Opportunities-Green Section 3-Persons Persons	Persons	Training Opportunities-Green Section 3-Persons Persons	Persons	Persons	Persons	Persons	Persons	Quarterly
3C	1b			8				8			E. Processing of Data
			Training Opportunities-Green Section 3-Sessions Sessions	Sessions	Training Opportunities-Section 3-Persons Persons	Persons	Persons	Persons	Persons	Persons	Computer spreadsheets
3C	1b			1				1			
			Outreach-Community outreach to targeted population-Events Events	Events	new- Education on preventing lead poisoning Persons	Persons	Persons	Persons	Persons	Persons	Computer spreadsheets
3A	5a			24				428,572			
			Outreach-Community outreach to targeted population-Persons Persons	Persons	new- Education on preventing lead poisoning Persons	Persons	Persons	Persons	Persons	Persons	
3A	4c			428,572				428,572			
		Outreach-Outreach materials disseminated Materials	Materials	new- Education on preventing lead poisoning Persons	Persons	Persons	Persons	Persons	Persons		
3A	4c		107,142				428,572				
		Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.	new- Education on preventing lead poisoning Persons	Persons	Persons	Persons	Persons	Persons		
3A	2f		42,858				428,572				
		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for blood lead testing Persons	Persons	Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons	Persons	Persons	Persons	Persons	
3B	6a			128				128			
		Health-Referrals to medical follow-up Children	Children	Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons	Persons	Persons	Persons	Persons	Persons	
3B			128				128				



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7					
Policy	Planning	Programming	Partner	Impact	Persons	Accountability					
3B		Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	4			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	5786				
3B		Health-Lead screening-Blood lead levels Children	5786			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	5786				
3B	2f	Health-Lead screening-Blood lead levels Children	5786			Housing-Matched and leveraged funds to awarded funds Percent	2				
3B	6a	Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for blood lead testing Persons	38			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	38				
3B		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Health-Referrals to medical follow-up Children	38			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	38			
			#VALUE!				#VALUE!				
3B		Policy Priority-Housing as a Platform-Information provided on access to health care and health care facilities Households	150			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	38				
			#VALUE!				#VALUE!				
3B	6a	Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	4			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	38				
3B	5c	Policy Priority-Housing as a Platform-Providing households with referrals to social service agencies Referrals	128			Policy Priority-Housing as a Platform-Number of households referred to social service agencies Households	128				



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration		
Program Component		Reporting Period	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting Start Date	
		Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools	
				Pre	Post	YTD		Pre	Post	YTD		
1	2	3	4	5			6			7		
Policy	Planning	Programming	Pre	Post	YTD	Impact	Pre	Post	YTD	Accountability		
3B	2c	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Housing-Clearance Units cleared	Units cleared			Housing-Increased lead safe affordable housing Units	Units			A. Tools for Measurement	
				325				325				
			Housing-Intake Units	Units			Housing-Increased lead safe affordable housing Units	Units				
3B	3c			400				325			Intake log Program specific form(s)	
3B	2d			Housing-LBP Inspection/Risk assessment Units	Units			Housing-Increased lead safe affordable housing Units	Units			Financial aid log Database
				Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.			Housing-Matched and leveraged funds to awarded funds Percent	Percent			Post tests
3B	2f				3,416,612				76			B. Where Data Maintained
3C	1a			Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Business Opportunities-Section 3-Green Dollars Dollars	Dollars			Specialized database Individual case records
				Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs			Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs			Specialized database Specialized database
3C	1a				82				82			
3C	1a		Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Business Opportunities-Section 3-Green Businesses Businesses	Businesses			Individual case records C. Source of Data	
			Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Employment Opportunities-Other-Green Jobs created Jobs	Jobs			Waiting lists Referrals	
3C	1a			20				20				
3C	1a		Business Opportunities-Other-Green Businesses Businesses	Businesses			Business Opportunities-Other-Green Businesses Businesses	Businesses			Financial reports Environmental reports	
				325				325				
3C	1a		Business Opportunities-Other-Green Dollars Dollars	Dollars			Business Opportunities-Other-Green Dollars Dollars	Dollars			Inspection results D. Frequency of Collection	
				2,437,500				2,437,500				



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

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HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7					
	Policy	Planning	Programming	Jobs	Impact	Jobs	Pre	Post	YTD	Accountability	
			Employment Opportunities-Other-Green Jobs created Jobs	Jobs	Employment Opportunities-Other-Green Jobs created Jobs	Jobs				Daily	
3C	1a	There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.		325			325			Weekly	
			Employment Opportunities-Other-Green Jobs retained Jobs	Jobs	Employment Opportunities-Other-Green Jobs retained Jobs	Jobs				Daily	
3C	1a			325			325			Weekly	
			Training Opportunities-Green Section 3- Persons Persons	Persons	Training Opportunities-Green Section 3- Persons Persons	Persons				Daily	E. Processing of Data
3C	1b			20			20				
			Training Opportunities-Green Section 3- Sessions Sessions	Sessions	Training Opportunities-Green Section 3- Sessions Sessions	Sessions				Computer spreadsheets	
3C	1b			3			3			Manual tallies	
			Outreach-Community outreach to targeted population-Events Events	Events	new- Education on preventing lead poisoning Persons	Persons				Computer spreadsheets	
3A	5a			56			1,000,000			Relational database	
			Outreach-Community outreach to targeted population-Persons Persons	Persons	new- Education on preventing lead poisoning Persons	Persons				Relational database	
3A	4c		1,000,000			1,000,000					
		Outreach-Outreach materials disseminated Materials	Materials	new- Education on preventing lead poisoning Persons	Persons						
3A	4c		250,000			1,000,000					
		Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.	new- Education on preventing lead poisoning Persons	Persons						
3A	2f		200,000			1,000,000					
		Policy Priority-Housing as a Platform- Establishing a process for referrals of children under age 6 for blood lead testing Persons	Persons	Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons						
3B	6a		300			300					
		Health-Referrals to medical follow-up Children	Children	Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons						
3B			300			300					



Applicant Legal Name	City of Cincinnati, Department of Health		
CCR Doing Business As Name	Childhood Lead Poisoning Prevention Program		
HUD Program	Lead Hazard Reduction Demonstration	Reporting Period	
Program Component		Reporting Start Date	
Project Name	Lead Operation for Safe Environments. Let's CLOSE the door on Lead.	Reporting End Date	

DUNS No. 043325158 - 0



2010

HUD Goals	Policy Priority	Needs	Services/Activities	Measures			Outcomes	Measures			Evaluation Tools
				Pre	Post	YTD		Pre	Post	YTD	
1	2	3	4	5	6	7				Accountability	
	Policy	Planning	Programming				Impact				
3B			Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	Partner			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons			
				10				13,500			
3B			Health-Lead screening-Blood lead levels Children	Children			Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons			
				13,500				13,500			
3B	2f		Health-Lead screening-Blood lead levels Children	Children			Housing-Matched and leveraged funds to awarded funds Percent	Percent			
				13,500				6			
3B	6a		Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for blood lead testing Persons	Persons			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	Persons			
				90				90			
3B		There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.	Health-Referrals to medical follow-up Children	Children			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	Persons			
				90				90			
				#VALUE!				#VALUE!			
3B			Policy Priority-Housing as a Platform-Information provided on access to health care and health care facilities Households	Households			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	Persons			
				350				90			
				#VALUE!				#VALUE!			
3B	6a		Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	Partner			Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	Persons			
				10				90			
3B	5c		Policy Priority-Housing as a Platform-Providing households with referrals to social service agencies Referrals	Referrals			Policy Priority-Housing as a Platform-Number of households referred to social service agencies Households	Households			
				300				300			

HUD Goals		HUD Priorities	
1A	Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumers (1A) Stem the foreclosure crisis.	1a	Job Creation/Employment (1a) Improving access to job opportunities through information sharing, coordination with federal, state, and local entities, and other means.
1B	Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumer (1B) Protect and educate consumers when they buy, refinance or rent a home.	1b	Job Creation/Employment (1b) Increasing access to job training, career services, and work, supports through coordination with federal, state, and local entities.
1C	Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumers (1C) Create financially sustainable homeownership opportunities.	1c	Job Creation/Employment (1c) Expanding economic and job creation opportunities for low-income residents and creating better transportation access to those jobs and other economic opportunities by partnering with federal and nonprofit agencies, private industry, and planning and economic development organizations and by leveraging federal and private resources.
1D	Strengthen the Nation's Housing Market to Bolster the Economy and Protect Consumers (1D) Establish an accountable and sustainable housing finance system.	2a	Sustainability (2a) Promote and preserve community assets including small businesses, fresh food markets, parks, hospitals, and quality schools by incentivizing comprehensive and inclusive local economic development planning.
2A	Meet the Need for Quality Affordable Rental Homes (2A) End homelessness and substantially reduce the number of families and individuals with severe housing needs.	2b	Sustainability (2b) Give consumers more information about the true cost of living by incorporating both housing and transportation costs into measures of affordability.
2B	Meet the Need for Quality Affordable Rental Homes (2B) Expand the supply of affordable rental homes where most needed.	2c	Sustainability (2c) Improve residents' health and safety, particularly that of children and other vulnerable populations, by promoting green and healthy design, construction, rehabilitation, and maintenance of housing and communities.
2C	Meet the Need for Quality Affordable Rental Homes (2C) Preserve the affordability and improve the quality of federally assisted and private unassisted affordable rental homes.	2d	Sustainability (2d) Support and promote an energy-efficient, green, and healthy housing market by retrofitting existing housing, supporting energy-efficient new construction, improving home energy labeling, and promoting financing products that reduce the carbon footprint of non-HUD-supported residential buildings.
2D	Meet the Need for Quality Affordable Rental Homes (2D) Expand families' choices of affordable rental homes located in a broad range of communities.	2e	Sustainability (2e) Reduce energy consumption and incorporate green building practices in the design and operation of HUD-supported affordable housing.
3A	Utilize Housing as a Platform for Improving Quality of Life (3A) Utilize HUD assistance to improve educational outcomes and early learning and development.	2f	Sustainability (2f) Promote coordinated planning, integrating federal resources, and targeting technical assistance at the local, state, and regional levels for sustainable housing and communities.
3B	Utilize Housing as a Platform for Improving Quality of Life (3B) Utilize HUD assistance to improve health outcomes.	2g	Sustainability (2g) Promote the design and construction of buildings and communities that are accessible and visitable by people with disabilities.
3C	Utilize Housing as a Platform for Improving Quality of Life (3C) Utilize HUD assistance to increase economic security and self-sufficiency.	2h	Sustainability (2h) Promote the use of climate-resilient and disaster-resistant building design, construction and siting.
3D	Utilize Housing as a Platform for Improving Quality of Life (3D) Utilize HUD assistance to improve housing stability through supportive services for vulnerable populations including the elderly, people with disabilities, homeless people, and those individuals and families at risk of becoming homeless.	2i	Sustainability (2i) Encourage metropolitan and regional focus in planning and community development.
3E	Utilize Housing as a Platform for Improving Quality of Life (3E) Utilize HUD assistance to improve public safety.	3a	Affirmatively Furthering Fair Housing (3a) Regional coordination of affirmatively furthering fair housing plans, including such activities as developing regional analyses of impediments.
4A	Build Inclusive and Sustainable Communities Free from Discrimination (4A) Catalyze economic development and job creation, while enhancing and preserving community assets.	3b	Affirmatively Furthering Fair Housing (3b) Regional strategies to reduce racially segregated living patterns and other effects of formerly de jure segregated public or assisted housing in metropolitan areas with a year 2000 dissimilarity index of 70 or higher and where the minority population is at least 20,000 or 3 percent of the total population in the Core Based Statistical Area (CBSA), whichever is greater.
4B	Build Inclusive and Sustainable Communities Free from Discrimination (4B) Promote energy efficient buildings and location efficient communities that are healthy, affordable and diverse.	3c	Affirmatively Furthering Fair Housing (3c) Decreasing the concentration of poverty and racial segregation in neighborhoods and communities through strategic targeting of resources.
4C	Build Inclusive and Sustainable Communities Free from Discrimination (4C) Ensure open, diverse, and equitable communities.	3d	Affirmatively Furthering Fair Housing (3d) Promoting visitability for persons with disabilities in single-family housing.
4D	Build Inclusive and Sustainable Communities Free from Discrimination (4D) Facilitate disaster preparedness, recovery and resiliency.	4a	Capacity Building and Knowledge Sharing (4a) Develop and deliver technical assistance for increasing affordability in areas experiencing increased rental costs due to development.
4E	Build Inclusive and Sustainable Communities Free from Discrimination (4E) Build the capacity of local, state and regional public and private organizations.	4b	Capacity Building and Knowledge Sharing (4b) Strengthen the capacity of state and local partners, including governments and nonprofit organizations, to implement HUD programs, participate in decision making and planning processes, and coordinate on cross-programmatic, place-based approaches through grantmaking and technical assistance.
5A	Transform the Way HUD Does Business (5A) Build Capacity: Create a flexible and high performing learning organization with a motivated, skilled workforce.	4c	Capacity Building and Knowledge Sharing (4c) Support knowledge sharing and innovation by disseminating best practices, encouraging peer learning, publishing data analysis and research, and helping to incubate and test new ideas.
5B	Transform the Way HUD Does Business (5B) Focus on Results: Create an empowered organization that is customer-centered, place based, collaborative, and responsive to employee feedback and focused on results.	5a	Using Housing as a Platform for Improving Other Outcomes (5a) Increasing access to high quality early learning programs and services through coordination with local programs.

5C	Transform the Way HUD Does Business (5C) Bureaucracy Busting: Create flexible, modern rules and systems that promote responsiveness, openness and transparency.		5b	Using Housing as a Platform for Improving Other Outcomes (5b) Providing physical space to co-locate healthcare and wellness services with housing (e.g., on-site health clinics).
5D	Transform the Way HUD Does Business (5D) Culture Change: Create a healthy, open, flexible work environment that reflects the values of HUD's mission.		5c	Using Housing as a Platform for Improving Other Outcomes (5c) Increasing access to public benefits (such as Temporary Assistance to Needy Families and Supplemental Security Income) through outreach and other means.
			5d	Using Housing as a Platform for Improving Other Outcomes (5d) Maintaining or improving the physical environment and design of HUD-assisted residences, giving attention to physical safety and crime prevention.
			5e	Using Housing as a Platform for Improving Other Outcomes (5e) Providing mobility counseling to increase access to neighborhoods of opportunity.
			6a	Expand Cross-Cutting Policy Knowledge (6a) Support knowledge sharing and innovation by disseminating best practices, encouraging peer learning, publishing data analysis and research, and helping to incubate and test new ideas.



CAMP eLogic Model®

Column 2

NEEDS

There is a need to control residential lead-based paint hazards that threaten the long-term health of children less than six years of age in privately-owned single and multifamily housing.



CAMP eLogic Model®

Click here to allow deletion of 'New' Activities

Column 3

SERVICES/ACTIVITIES	UNITS
Business Opportunities-Other-Green Businesses Businesses	Businesses
Business Opportunities-Other-Green Dollars Dollars	Dollars
Business Opportunities-Section 3-Green Businesses Businesses	Businesses
Business Opportunities-Section 3-Green Dollars Dollars	Dollars
Employment Opportunities-Other-Green Jobs created Jobs	Jobs
Employment Opportunities-Other-Green Jobs retained Jobs	Jobs
Employment Opportunities-Section 3-Green Jobs created Jobs	Jobs
Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs
Health-Lead screening-Blood lead levels Children	Children
Health-Referrals to medical follow-up Children	Children
Housing-Clearance Units cleared	Units cleared
Housing-Intake Units	Units
Housing-LBP Inspection/Risk assessment Units	Units
Housing-Resources matched and leveraged \$\$/materials/labor/etc.	\$\$/materials/labor/etc.
Outreach-Community outreach to targeted population-Events Events	Events
Outreach-Community outreach to targeted population-Persons Persons	Persons
Outreach-Outreach materials disseminated Materials	Materials
Policy Priority-Housing as a Platform-Establishing a process for referrals of children ages 6-17 for blood lead testing Persons	Persons
Policy Priority-Housing as a Platform-Establishing a process for referrals of children under age 6 for blood lead testing Persons	Persons
Policy Priority-Housing as a Platform-Information provided on access to health care and health care facilities Households	Households
Policy Priority-Housing as a Platform-Information provided on Healthy Housing Management Practices including integrated pest management, reduction of allergen triggers, improvements to indoor air quality, and Green cleaning methods Households	Households
Policy Priority-Housing as a Platform-Partnership with local Community Health Clinic Partner	Partner
Policy Priority-Housing as a Platform-Providing households with referrals to social service agencies Referrals	Referrals
Policy Priority-Sustainability-Housing Rehabilitation-Number of improvements impacting the health and safety of the community, particularly children and other vulnerable populations by promoting green and healthy design in housing rehabilitation Improvements	Improvements
Training Opportunities-Green Section 3-Persons Persons	Persons
Training Opportunities-Green Section 3-Sessions Sessions	Sessions
other	Other



CAMP eLogic Model®

*Click here to allow
deletion of 'New'
Outcomes*

Column 5

OUTCOMES	UNITS
Business Opportunities-Other-Green Businesses Businesses	Businesses
new- Education on preventing lead poisoning	Persons
new- Education on preventing lead poisoning	Persons
new- Education on preventing lead poisoning	Persons
Business Opportunities-Other-Green Dollars Dollars	Dollars
Business Opportunities-Section 3-Green Businesses Businesses	Businesses
Business Opportunities-Section 3-Green Dollars Dollars	Dollars
Employment Opportunities-Other-Green Jobs created Jobs	Jobs
Employment Opportunities-Other-Green Jobs retained Jobs	Jobs
Employment Opportunities-Section 3-Green Jobs created Jobs	Jobs
Employment Opportunities-Section 3-Green Jobs retained Jobs	Jobs
Housing-Increased lead safe affordable housing Units	Units
Housing-Matched and leveraged funds to awarded funds Percent	Percent
Policy Priority-Housing as a Platform-Number of children ages 6-17 referred for blood level testing Persons	Persons
Policy Priority-Housing as a Platform-Number of children under age 6 referred for blood level testing Persons	Persons
Policy Priority-Housing as a Platform-Number of households referred to health care and health care facilities Persons	Persons
Policy Priority-Housing as a Platform-Number of households referred to social service agencies Households	Households
Policy Priority-Sustainability-Number of units made free from other household contaminants through referrals Units	Units
Policy Priority-Sustainability-Number of units rehabilitated to meet Green Building standards Units	Units
Training Opportunities-Green Section 3-Persons Persons	Persons
Training Opportunities-Green Section 3-Sessions Sessions	Sessions
Training Opportunities-Section 3-Persons Persons	Persons
other	other

 CAMP eLogic Model®
A. Tools For Measurement
Bank accounts
Construction log
Database
Enforcement log
Financial aid log
Intake log
Interviews
Mgt. Info. System-automated
Mgt. Info. System-manual
Outcome scale(s)
Phone log
Plans
Pre-post tests
Post tests
Program specific form(s)
Questionnaire
Recruitment log
Survey
Technical assistance log
Time sheets
B. Where Data Maintained
Agency database
Centralized database
Individual case records
Local precinct
Public database
School
Specialized database
Tax Assessor database
Training center
C. Source of Data
Audit report
Business licenses
Certificate of Occupancy
Code violation reports
Counseling reports
Employment records
Engineering reports
Environmental reports
Escrow accounts
Financial reports
GED certification/diploma
Health records
HMIS
Inspection results
Lease agreements
Legal documents
Loan monitoring reports
Mortgage documents
Payment vouchers
Permits issued
Placements
Progress reports
Referrals
Sale documents
Site reports
Statistics
Tax assessments
Testing results
Waiting lists
Work plan reports
D. Frequency of Collection
Daily
Weekly
Monthly
Quarterly
Biannually
Annually
Upon incident
E. Processing of Data
Computer spreadsheets
Flat file database
Manual tallies
Relational database
Statistical database

Carter-Richmond Methodology

The Management Questions developed for your program are based on the Carter-Richmond Methodology.* A description of the Carter-Richmond Methodology appears in the General Section of the NOFA.

* © The Accountable Agency – How to Evaluate the Effectiveness of Public and Private Programs,” Reginald Carter, ISBN Number 9780978724924

Evaluation Process

An evaluation process will be part of the on-going management of the program.

The following are standard requirements that HUD expects of every program manager as part of their project management.

- Comparisons will be made between projected and actual numbers for both outputs and outcomes.
- Deviations from projected outputs and outcomes will be documented and explained on space provided on the "Reporting" Tab.
- Analyze data to determine relationship of outputs to outcomes; what outputs produce which outcomes.

The reporting requirements are specified in the program specific NOFA and your funding award.

HUD Will Use The Following Management Questions To Evaluate Your Program:

	Response to Management Questions	Measure	Answer
1	How many persons are you serving (unduplicated count)?	Persons	
2	How many persons were reached through outreach efforts?	Persons	
3	How many children were screened (unduplicated count)?	Children	
4	How many children (under age 6, and ages 6-17) were identified with elevated blood lead levels?	Children	
5	How many children (under age 6, and ages 6-17) with elevated blood lead levels were referred for medical follow-up?	Children	
6	How many housing units had a lead inspection and a risk assessment conducted?	Units	
7	How many housing units were made safe of lead-based paint hazards ("lead safe")?	Units	
8	What is the average cost of making units lead safe?	Dollars	
9	What is the average cost of making units lead safe while also meeting green building standards?	Dollars	
10	What are the total costs of making the units lead safe?	Dollars	
11	What is the total cost of making the units lead safe and in accord with green building standards?	Dollars	
12	How many households were referred to health care facilities for follow-up interventions?	Households	
13	How many additional dollars (in cash, services, and products) from other sources were matched or leveraged to support your lead program?	Dollars	
14	What percentage of matched or leveraged funds to all funds was used for your lead program?	%	
15	What is the dollar value of any in-kind or donated labor or materials that were contributed to support your lead control programs?	Dollars	
16	How many persons were trained to perform lead hazard evaluation or control work?	Persons	
17	How many new full-time permanent green jobs were created to perform lead hazard evaluation or control work?	Jobs	
18	How many new full-time permanent green jobs were created to perform lead hazard evaluation or control work and were fulfilled with persons eligible under Section 3?	Jobs	
19	How many existing full-time permanent green jobs performing lead hazard evaluation or control work were retained?	Jobs	
20	How many existing full-time permanent green jobs performing lead hazard evaluation or control work were retained by persons eligible under Section 3?	Jobs	
21	Describe the population you are serving in the space below:		

	If you are collecting client level data, identify the number of persons receiving services:		
22	How many persons receiving services are under the age of 6?	Persons	
23	How many persons receiving services are ages 6-17?	Persons	
24	How many persons receiving services are ages 18-30?	Persons	
25	How many persons receiving services are ages 31-50?	Persons	
26	How many persons receiving services are ages 51-61?	Persons	
27	How many persons receiving services are over 62 years of age?	Persons	

Explanation of Any Deviations From the Approved eLogic

\$ 3,671,293.00
\$ 300,000.00
\$ 220,277.58

\$ 3,151,015.42 900290.12 1350435.18 900290

\$ 3,416,612.00	\$ 976,174.86	\$ 1,464,262.29
76	\$ 21.71	\$ 32.57
812500	\$ 232,142.86	\$ 348,214.29
2437500	\$ 696,428.57	\$ 1,044,642.86

Budget Narrative – Federal Resources

Southeastern Michigan Health Association – CLEARCorps Detroit

1. Salaries

[REDACTED], CLEARCorps/Detroit (20% FTE)

[REDACTED] will direct all aspects of the Healthy Homes Detroit Project including providing oversight for the Project Manager, who will supervise all staff. She will provide strategic planning, budget oversight and management, and will staff the Target Area Advisory Council and direct partnership activities. At an annual salary of \$85,985, the amount requested for year one of this project is \$17,200 (20% FTE). This same dollar amount and level of commitment is requested in years two and three, for a total request of \$ [REDACTED].

[REDACTED], MSW/MUP, CLEARCorps (100% FTE)

[REDACTED] will coordinate the daily operations for the Healthy Homes Detroit program and will supervise all staff. [REDACTED] will design and oversee the targeted outreach strategy. She will take the lead on visiting families in the 180 targeted homes, providing the Healthy Homes Assessment, and designing the Healthy Homes Action Plan with the family. [REDACTED] will oversee all data input and management. At an annual salary of \$42,000, the amount requested for year one of this project is \$42,000 (100% FTE). This same dollar amount and level of commitment is requested in years two and three, for a total request of \$1 [REDACTED].

AmeriCorps Member (100% FTE)

One AmeriCorps member will work fulltime on this project. This member will attend training to become a Certified Healthy Homes Specialist and learn how to conduct healthy homes assessments. The member will also complete day-to-day tasks such as program outreach and product installation. At an annual salary of \$16,000, the amount requested for year one of this project is \$16,000 (100% FTE). This same dollar amount and level of commitment is requested in years two and three, for a total request of \$ [REDACTED].

Community Liaison (51% FTE)

One Community Liaison will work 20.5 hours per week at \$15.00 per hour on this project. This person will focus efforts on community outreach, helping potential families enroll in the program, and follow up with enrolled families (on the phone and in person) to make sure they received all scheduled Referral Partner Network services. \$16,000 is requested in year one. The same amount is requested in years two and three, for a total of [REDACTED].

Student Intern (400 hours per year)

One Student Intern will be hired from the target community to work on this project. This intern will provide general office support, assist with installations, and manage data. At an hourly rate of \$10.00, \$4,000 is requested in year one. This same amount is requested in years two and three, totaling \$ [REDACTED].

Total Salaries Request – Three Years

\$ [REDACTED]

2. Fringe Benefits

The total project funding requested for fringe benefits in years one, two, and three is **\$82,080**. The benefit rate for all four positions is 30%. The Student Intern position does not qualify for fringe benefits. The following is a breakdown of fringe benefits for each position.

Staff	Rate	Total Benefit
Executive Director	30%	\$15,480
Project Coordinator/Case Manager	30%	\$37,800
AmeriCorps Member	30%	\$14,400
Community Liaison	30%	\$14,400
Total Fringe Benefits		\$82,080
Total Personnel		\$367,680

3. Travel

3a. Transportation – Local Private Vehicle: \$ [REDACTED] (10,800 miles @ 50 cents per mile) is requested to cover local private vehicle costs for this project. This funding would cover the cost to drive the CLEARCorps van to and from houses in the target neighborhood and other transportation necessary for this project. CLEARCorps estimates that on average the van will accrue 3,600 miles each year, totaling 10,800 for the duration of this grant. SEMHA’s current reimbursement rate of 50 cents per mile was then used to determine the total request amount.

3b. Transportation – Air Fare: \$ [REDACTED] is requested to cover the costs of air fare for this project. Of this amount, \$3,612 (\$602 per flight, 6 tickets) is requested to cover the cost of two CLEARCorps staff to attend a yearly HUD Healthy Homes conference in Washington D.C. The remaining \$2,408 (\$602 per flight, 2 tickets) is requested to cover the cost of two CLEARCorps staff to attend a national conference (location to be determined) to present project findings to peers in the field.

3c. Transportation – Other: \$ [REDACTED] is requested to cover the costs of CLEARCorps staff to stay at a hotel while attending the annual HUD Healthy Homes conference and presenting findings at a conference to be determined. Of this amount, \$3,078 (18 nights, two staff, and \$171 per room) is requested to cover hotel costs for the three day conference in Washington D.C. The remaining \$1,368 (8 nights, two staff, and \$171 per room) is requested to cover hotel costs for the three day conference to be determined.

3d. Transportation – Per Diem: \$ [REDACTED] is requested to cover per diem food expenses for CLEARCorps staff while attending two HUD Healthy Homes conferences and one conference to be determined to present project findings. Of this amount, \$1,062 (\$59 per day, 18 days, and two staff) is requested for the two HUD conferences in Washington D.C. The remaining \$472 (\$59 per day, 4 days, and two staff) is requested to cover per diem costs for the conference to be determined.

Total Travel \$ [REDACTED]

5a. Consumable Supplies

\$ [REDACTED] is requested to cover consumable supplies for this project. The following is a breakdown of these costs:

Tier One Healthy Homes Materials: \$ [REDACTED] (\$700 per house, 180 homes) is requested to purchase various healthy homes supplies for all homes enrolled in Tier One of this project. Items to be purchased may include (but not limited to) a HEPA vacuum and extra filters, pest management traps, flashlights, child safety locks, safety gates, mattress/pillow covers, step stools, outlet covers, night lights, and fire extinguishers. All items will be installed.

Office Supplies: \$ [REDACTED]6 (\$4,799 per year) is requested to purchase general office supplies for activities directly related to this project. Much of this funding will be used to mail outreach packets to neighborhood residents.

Family Incentives: CLEARCorps proposes to provide family incentives of \$30 for each of 180 families to encourage ongoing program participation. This method has been used successfully by CLEARCorps for past projects. The total request amount for this is \$ [REDACTED]

Consumable Supplies Total \$ [REDACTED]

6. Consultants

Funding is requested to hire one organization as a consultant for this project. The following provides a brief description of services performed and amount paid for those services.

Michigan Department of Community Health (MDCH): MDCH has agreed to provide hands-on technical assistance and support to the Healthy Homes Detroit Project throughout the entire grant. MDCH will receive \$ [REDACTED] (23 days of consultant work at \$469.56 per day) for this project. *MDCH is also providing \$13,484 in leveraged resources for additional healthy homes consultation and staff attendance at HHD meetings.*

Consultants Total \$1 [REDACTED]

7. Contracts and Sub-Grantees

Funding is requested to procure the services of five organizations as sub-grantees. The following provides a brief description of services performed and amount paid for these services.

Wayne State University’s Center for Urban Studies (Center): The Center is creating a unique and successful Detroit/Wayne County Healthy Homes Database which allows all partners from the Collaborative to access real-time information about target houses. The total budget for this effort is \$ [REDACTED] (\$34,000 per year). *The Center is also contributing \$ [REDACTED] in leveraged resources.* A separate HUD CBW Budget Form and narrative is included for the Center.

Michigan Public Health Institute (MPHI): MPHI is currently serving as the evaluator for the Kresge funded Detroit-Wayne County Lead Collaborative and will serve as the evaluator for this project. CLEARCorps is requesting \$ [REDACTED] (\$8,000 per year) to pay for these services.

Detroit Department of Health and Wellness Promotion (DHWP): DHWP will provide 180 homes enrolled in Tier One services with radon kits. They will also provide radon testing for

each house. DHWP will also provide staff services to identify clients for enrollment into the HHD program. CLEARCorps is requesting \$ [REDACTED] (\$5,300 per year) to pay for these services. *In addition, DHWP is providing \$ [REDACTED] in leveraged resources for this project.*

Children's Hospital Asthma Unit: The Children's Hospital Asthma Unit is committed to providing asthma management services for the Healthy Homes Detroit Project. In addition to providing clinical services through the Asthma Tune-Up clinic, the Asthma Unit will provide staff trainings and technical assistance to CLEARCorps and agency partners. CLEARCorps is requesting \$ [REDACTED] (\$5,300 per year) to pay for these services. *In addition, the Asthma Unit is providing \$ [REDACTED] 0 in leveraged resources for this project.*

The Asthma and Allergy Foundation of America– Michigan Chapter (AAFA): The AAFA will provide in-home asthma case management and family training to HHD families where a child has been diagnosed with asthma. CLEARCorps is requesting \$ [REDACTED] (\$8,000/year) to pay for these services. *The AAFA is also providing \$ [REDACTED] in leveraged resources for this grant.*

The Wayne County Prosecutor's Office (WCPO): The office of the Wayne County Prosecutor will assure that rental property owners in the target area understand the consequences of NOT addressing lead hazards in targeted properties, conducting enforcement activities as appropriate. In addition, they will provide outreach and education services to residents enrolled in the program. CLEARCorps is requesting \$ [REDACTED] (\$4,500 per year) to pay for these services. *In addition, the WCPO is providing \$ [REDACTED] in leveraged resources. As a leveraged resource, Mary Morrow, Lead Attorney, will spend 50% of her time enforcing the Landlord Penalty Law and other local code ordinances.*

Young Detroit Builders/Youth Build (YDB): Funding is requested to procure the services of YDB. Under the supervision of a licensed contractor, the YDB will perform many of the repairs/remediation needed for 150 Tier Two HHD homes interventions. The approximate cost per unit intervention is \$533.33, making the total request amount \$ [REDACTED].

WARM: *As a leveraged resource, WARM will conduct energy audits and provide energy kits to 180 homes (all Tier One homes). The energy kits consist of compact florescent lights, plastic storm window covers, rope caulk, door sweeps, energy efficient shower heads, night lights, and socket sealers. WARM will also train Collaborative staff members on energy efficiency techniques and other healthy homes topics. The overall value of this contribution is \$ [REDACTED]*

The Kresge Foundation: *On October 6, 2010, Kresge awarded CLEARCorps \$70,192 to conduct healthy homes interventions on 10 homes in the chosen target area for this grant. Work on these homes has already begun. \$4,000 of this funding has been given to the WSU Center for Urban Studies. The Center is using their portion of this grant as leveraged resources mentioned above. The remaining \$ [REDACTED] would be leveraged resources from The Kresge Foundation.*

The Skillman Foundation: *In July 2010, Skillman awarded CLEARCorps \$70,000 to conduct healthy homes interventions on 10 homes in the chosen target area for this grant. Work on these homes has already begun. \$4,000 of this funding has been given to the WSU Center for Urban Studies. The Center is using their portion of this grant as leveraged resources mentioned above. The remaining \$ [REDACTED] would be leveraged resources from The Skillman Foundation.*

Central Detroit Christian Community Development Corporation (CDC): *The CDC is a local faith-based non-profit located in the HHD target area. CDC will help the HHD program nominating someone for the target area advisory group, referring families to the program, and helping to inform the community about Healthy Homes Detroit through information in our newsletter and through community events. The value of these leveraged resources is \$7,500 over the life of the grant.*

Children’s Hospital Injury Prevention Team: *This unit is providing each of 200 homes with smoke detectors and carbon monoxide detector at no cost to the project. They will also provide training. The value of this leveraged amount is \$ [REDACTED]*

Detroit Department of Human Services (DHS): *DHS has committed to weatherize 20 homes that qualify for their program each program year (60 homes total) at an average cost of \$6,500. The total amount of this leveraged resource commitment is \$ [REDACTED]*

Detroit Buildings and Safety Engineering Department (BSED): *BSED has committed to inspecting 70 ‘repeat offender’ homes (those where multiple children were living when diagnosed with childhood lead poisoning) over the three-year life of this grant. The value of these leveraged services is \$ [REDACTED] (\$1,429 per house).*

National Coalition to End Childhood Lead Poisoning (NCECLP): *The NCECLP will provide CLEARCorps/Detroit with \$ [REDACTED] in leveraged resources for this grant. \$150,000 will be available as a performance-based contract to train up to 150 area residents (40% returning citizens) on healthy homes/weatherization job training. \$61,500 will be available to work on HHD home repairs as Tier Two interventions. Finally, NCECLP will provide \$50,000 work of technical assistance over the three-year life of the grant.*

The Detroit Department of Planning and Development (PDD): *PDD is committed to providing lead-based paint inspections/risk assessments for up to 100 eligible families under this project. The total amount of the City of Detroit's "inkind" commitment reflects the contribution of \$ [REDACTED] for inspection and other related services. In addition, PDD will provide direct lead-based paint hazard remediation to eligible families referred to us through the grant program, at a cost of \$15,000 per unit, as funds are available.*

Total Contracts and Sub-Grantees (HUD funding)
Total Leveraged Program Funds
(Including MDCH leverage listed in consultants section)

\$ [REDACTED]
\$ [REDACTED]

8. Construction Costs

8c: Relocation expenses and payments: Funding is requested to temporarily relocate 10 families (four in year one, four in year two, and two in year three) while Tier Two or Three work is completed on their home. Some healthy homes interventions, such as lead paint remediation conducted with funds distributed by the Detroit Department of Planning and Development may require the family to leave their home until work is completed. CLEARCorps Detroit estimates each family may need to be relocated for up to one week at \$100/night. Therefore, a total of

\$5,000 is requested.

8i: Construction- Contractors for Tier Two Interventions: \$ [REDACTED] is requested to hire contractors for Tier Two remediation work that YDB is not able to complete. Examples of repairs include plumbing, roof repair, and electrical work. CLEARCorps Detroit estimates 150 repairs to be completed at an average cost of \$530 per repair.

Total Construction Costs \$ [REDACTED]

9. Other Direct Costs

CLEARCorps is requesting funding to cover other costs imperative to the success of this project. These include \$11,400 to cover a portion of building rent (\$316.67 per month for 36 months), \$6,200 for community events, and \$7,200 (\$200/month for 36 months) for phone and internet access. CLEARCorps will hire various organizations to provide healthy homes training to Collaborative agency staff members for this project. The amount requested over three years for these trainings is \$9,000 (9 training sessions, \$1,000 per session). Finally, CLEARCorps will use a van to carry supplies to houses. \$17,100 is requested to cover for maintenance, gas, and insurance for the Healthy Homes van (\$475/month for 36 months).

Total Other \$50,900
Total Direct Cost – HUD Share \$952,376

10. Indirect Charges

The fiduciary for CLEARCorps/Detroit is the **Southeastern MI Health Association (SEMHA)**. SEMHA requires that each CLEARCorps grant include a 5% charge for indirect costs necessary to facilitate smooth and efficient ‘back office’ functions including accounting, audits, and conducting all personnel matters, including hiring and firing process. **This rate is only applied to HUD’s Total Direct Cost for this project.** The total requested for indirect cost for this project is \$47,619.

Indirect Cost Total \$47,619
Total HUD Project Cost \$999,995

Leveraged Resources

Several Collaborative agencies are contributing significant amounts of leveraged resources to ensure the success of the Healthy Homes Detroit Project. The total amount of leveraged funding is \$ [REDACTED] or **133% of the HUD budget request.** Details are provided on HUD Form 96015, “Leveraging Resources.”

Total Collaborative Leveraged Resources \$ [REDACTED]
Total Project Cost \$ [REDACTED]

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

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

6. * Federal Department/Agency: <input type="text" value="N/A"/>	7. * Federal Program Name/Description: <input type="text" value="Healthy Homes Production Grant Program"/> CFDA Number, if applicable: <input type="text" value="14.913"/>
--	---

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name 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 tier 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:

* Name: Prefix * First Name Middle Name
 * Last Name Suffix

Title: Telephone No.: Date:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="11/05/2010"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Southeastern Michigan Health Association"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="38-1671500"/>	* c. Organizational DUNS: <input type="text" value="0387752430000"/>	
d. Address:		
* Street1:	<input type="text" value="3011 West Grand Blvd. Suite 200 Fisher Building"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Detroit"/>	
County/Parish:	<input type="text" value="Wayne"/>	
* State:	<input type="text" value="MI: Michigan"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="48202-3000"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="N/A"/>	Division Name: <input type="text" value="CLEARCorps/Detroit"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms ."/>	* First Name:	<input type="text" value="Mary Sue"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Schottenfels"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Executive Director, CLEARCorps Detroit"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(313) 924-4000"/>	Fax Number: <input type="text" value="(313) 924-4003"/>	
* Email: <input type="text" value="mss@clearcorpsdetroit.org"/>		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.913

CFDA Title:

Healthy Homes Production Grant Program

*** 12. Funding Opportunity Number:**

FR-5415-N-18

* Title:

Healthy Homes Production Program

13. Competition Identification Number:

HHP-18

Title:

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

HHD Target Area 11-4-2010.pdf

Add Attachment

Delete Attachment

View Attachment

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

Healthy Homes Detroit Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="999,995.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="1,073,768.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value=""/>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

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

Applicant/Recipient Information

* Duns Number:

* Report Type:

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

* Applicant Name:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Phone:

2. Social Security Number or Employer ID Number:

* 3. HUD Program Name:

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

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

* Project Name:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

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.)

Add Attachment

Delete Attachment

View Attachment

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Mary Sue Schottenfels

11/05/2010

Survey on Ensuring Equal Opportunity For Applicants

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

Purpose:

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

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

Instructions for Submitting the Survey

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

Applicant's (Organization) Name:	Southeastern Michigan Health Association
Applicant's DUNS Name:	0387752430000
Federal Program:	Healthy Homes Production Program
CFDA Number:	14.913

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

Yes No

2. Is the applicant a faith-based organization?

Yes No

3. Is the applicant a secular organization?

Yes No

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

Yes No

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

Yes No

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

3 or Fewer 15-50

4-5 51-100

6-14 over 100

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

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

\$1,000,000 - \$4,999,999

\$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

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

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

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

information collection is **1890-0014**. The time required

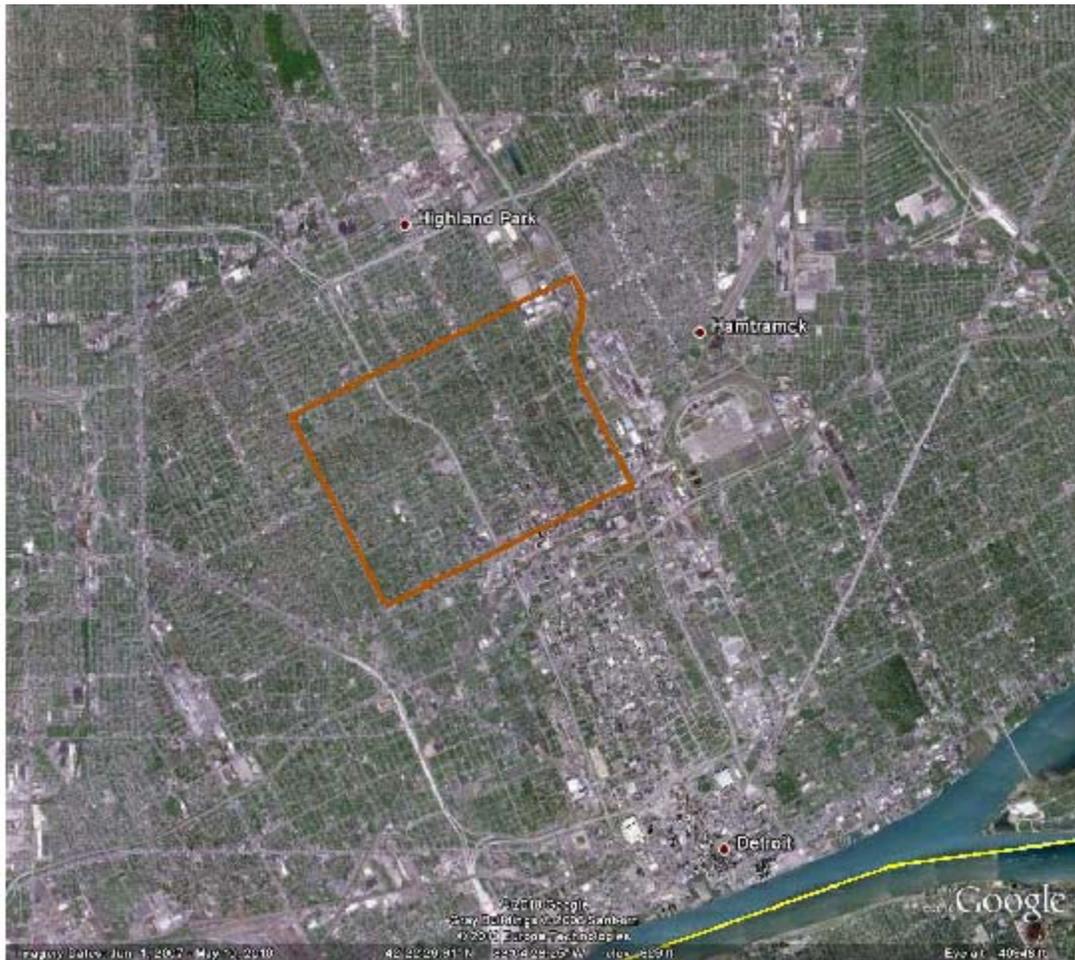
to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

SEMHA/CLEARCorps Detroit Healthy Homes Detroit Project

Target Area

This map shows the borders of the Healthy Homes Detroit project in relation to other areas of Detroit. Downtown Detroit (and Detroit River) is located approximately three miles south of the program target area (outlined in brown on the map). The target area borders are Linwood Avenue (West), Webb/Woodland Street (North), I-75 (East), and Grand Boulevard (South).



ATTACHMENTS FORM

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

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

1) Please attach Attachment 1	SEMHA_Abstract.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	SEMHA_Program_Narrative.pdf	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	SEMHA-HUD96012.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	SEMHA-HUD96014.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	SEMHA-HUD96015.pdf	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	SEMHA-HUD96016.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	SEMHA-HUD96010.xls	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	SEMHA-HUD96008.xls	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	SEMHA-HUD424_CBW_Budget.xls	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	SEMHA-Budget_Narrative.doc	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	WSUCUS-HUD424_CBW_Budget.xlsx	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	WSU_CUS_Budget_Narrative.doc	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	SEMHA-HUD_2991.pdf	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	SEMHA-HUD_2990.pdf	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	SEMHA-Appendix.pdf	Add Attachment	Delete Attachment	View Attachment