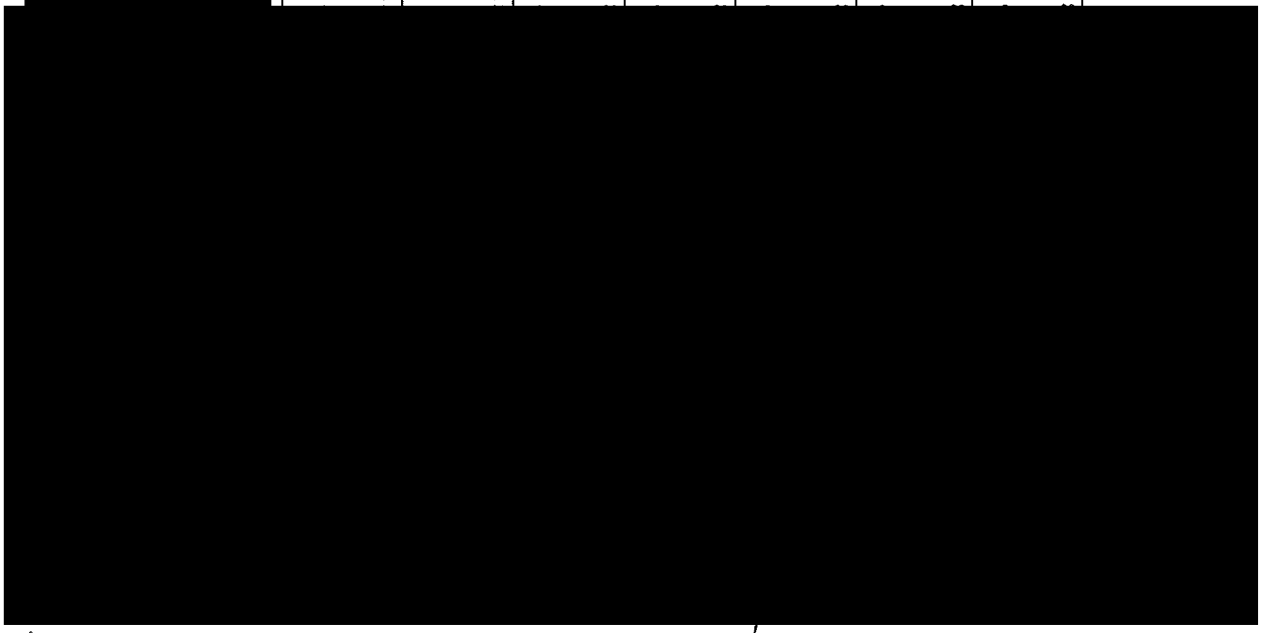
Abt Associates Inc. $ 2,795,664
2013 HMIS Technical Assistance and Research NOFA
Proposed Period of Performance: September 1, 2013 - August 31, 2015



Abt Associates Inc. $ 2,795,664
2013 HMIS Technical Assistance and Research NOFA
Proposed Period of Performance: September 1, 2013 - August 31, 2015

[redacted]

Abt Associates Inc. $ 2,7
2013 HMIS Technical Assistance a
Proposed Period of Performance: Sept

Abt Associates Inc. $ 2,7:
2013 HMIS Technical Assistance a
Proposed Period of Performance: Sept

[redacted]

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
NEEDS ASSESS. HMIS Imp. and Operation	1	[redacted]	
	2	[redacted]	
	3		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
DIRECT TA HMIS Intensive Onsite (121+ hours prep & onsite)	1	[redacted]	
	2		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	3	[redacted]	
DIRECT TA HMIS Intensive Remote (25+ hours prep & delivery)	1	[redacted]	
	2	[redacted]	

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	3	[redacted]	
DIRECT TA Strategic Planning / Facilitation (Primary purpose of the direct TA)	1		
	2		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	3	[redacted]	
TOOLS/ PRODUCTS Needs Assessment Tools	1		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	2	[redacted]	
	3		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
TOOLS/ PRODUCTS Online Training Module(s)	1	[redacted]	
	2		
	3		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
TOOLS/ PRODUCTS Desk Guide	1	[redacted]	
	2		
	3		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
TOOLS/PRODUCTS Toolkit	1	[redacted]	[redacted]
	2	[redacted]	[redacted]
	3	[redacted]	[redacted]

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
TOOLS/ PRODUCTS Certification Course	1	[redacted]	[redacted]

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	2	[redacted]	
	3		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
TOOLS/ PRODUCTS National research/ reports	1	[redacted]	
	2		

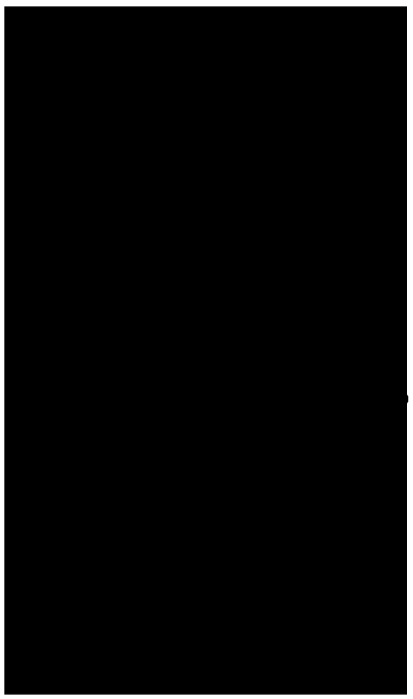
EXPERIENCE TYPE	BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	[redacted]	
TOOLS/ PRODUCTS Knowledge Management website, listserv, etc.		

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	3	[redacted]	[redacted]
TOOLS/ PRODUCTS Consumer Involvement	1	[redacted]	[redacted]
	2	[redacted]	[redacted]

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	3	[redacted]	[redacted]

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
GROUP LEARNING Interactive Training/ Workshops		[redacted]	

EXPERIENCE TYPE		BRIEFLY DESCRIBE UP TO THREE (3) TA ENGAGEMENTS/ ACTIVITIES FOR EACH APPLICABLE EXPERIENCE TYPE	IDENTIFY QUANTIFIABLE OUTCOMES FOR ENGAGEMENT
	2	[redacted]	[redacted]
	3		



Skills Action Compliance Capacity

MCKINNEY-VENTO TECHNICAL ASSISTANCE PERSONNEL EXPERTISE

OMB Control Number: 2506-004 (exp. 10/31/14)

APPLICANT ORGANIZATION: Abt Associates Inc.

	Personnel															Web Tech.					Administration/ Management										Skill Areas							HMIS Planning/ Implementation							Reporting/Data Sys						
	LAST NAME, FIRST INITIAL	IN HOUSE STAFF	SUBCONTRACTOR STAFF	CONSULTANT	Fair Housing & Equal Opportunity	ESG Rules & Requirements	HPRP Rules & Requirements	S+C Rules & Requirements	SHP Rules & Requirements	SRO Rules & Requirements	HEARTH: ESG	HEARTH: COC	HEARTH: RHS	Projects for Special Populations	Prevention Projects	Rapid Re-housing Projects	Increasing Access to Mainstream Programs	Website/portal development	Website Management	Developing Web-Based Tools	Help desk - hosting	Help desk - staffing	Staffing/Organizational Structures	Project Monitoring/Compliance	Timeliness/Program Efficiency	Oversight & Mentoring of Subrecipients	Recordkeeping/Financial Mgmt.	Asset and Property Management	Evaluating Performance	Accounting Principles/Indirect Costs	OMB Circulars and Uniform Admin Req (A-87, A-110, A-133, Part 85)	Fund Award/Subrecipient Procurement	Conflict Resolution/Negotiation	Data Analysis	Needs Assessments	Program Evaluation	Research	CoC Structure, Governance & Planning	Strategic Planning	Data Collection, Quality & Analysis	Structure & Governance	Reporting	Data Warehousing	Software Selection Process	Provider Participation	Privacy & Confidentiality	Security & Data Protection	CAPER	CoC APR	HPRP QPR/APR	*e-snaps*	IDIS	HDX	GMP
Abt Associates' Management Team																																																	
1	[redacted]																																																
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[redacted]

MCKINNEY-VENTO TECHNICAL ASSISTANCE PERSONNEL EXPERTISE

OMB Control Number: 2506-004 (exp. 10/31/14)

APPLICANT ORGANIZATION: Abt Associates Inc.

	Personnel																Web Tech.				Administration/ Management											Skill Areas							HMIS Planning/ Implementation								Reporting/Data Sys						
	LAST NAME, FIRST INITIAL	IN HOUSE STAFF	SUBCONTRACTOR STAFF	CONSULTANT	Fair Housing & Equal Opportunity	ESG Rules & Requirements	HPRP Rules & Requirements	S+C Rules & Requirements	SHP Rules & Requirements	SRO Rules & Requirements	HEARTH: ESG	HEARTH: COC	HEARTH: RHS	Projects for Special Populations	Prevention Projects	Rapid Re-housing Projects	Increasing Access to Mainstream Programs	Website/portal development	Website Management	Developing Web-Based Tools	Help desk - hosting	Help desk - staffing	Staffing/Organizational Structures	Project Monitoring/Compliance	Timeliness/Program Efficiency	Oversight & Mentoring of Subrecipients	Recordkeeping/Financial Mgmt.	Asset and Property Management	Evaluating Performance	Accounting Principles/Indirect Costs	OMB Circulars and Uniform Admin Req (A-87, A-110, A-133, Part 85)	Fund Award/Subrecipient Procurement	Conflict Resolution/Negotiation	Data Analysis	Needs Assessments	Program Evaluation	Research	CoC Structure, Governance & Planning	Strategic Planning	Data Collection, Quality & Analysis	Structure & Governance	Reporting	Data Warehousing	Software Selection Process	Provider Participation	Privacy & Confidentiality	Security & Data Protection	CAPER	CoC APR	HPRP QPR/APR	*e-snaps*	IDIS	HDX	GMP
Primary Abt Associates' Staff																																																		
9	[redacted]																																																	
10																																																		
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Abt Associates' Consultant and Subcontractor Team																																																		

HUD-40049

MCKINNEY-VENTO TECHNICAL ASSISTANCE PERSONNEL EXPERTISE

OMB Control Number: 2506-004 (exp. 10/31/14)

APPLICANT ORGANIZATION: Abt Associates Inc.

	Personnel																	Web Tech.					Administration/ Management										Skill Areas							HMIS Planning/ Implementation								Reporting/Data Sys						
	LAST NAME, FIRST INITIAL	**IN HOUSE STAFF**	**SUBCONTRACTOR STAFF**	**CONSULTANT**	Fair Housing & Equal Opportunity	ESG Rules & Requirements	HPRP Rules & Requirements	S+C Rules & Requirements	SHP Rules & Requirements	SRO Rules & Requirements	HEARTH: ESG	HEARTH: COC	HEARTH: RHS	Projects for Special Populations	Prevention Projects	Rapid Re-housing Projects	Increasing Access to Mainstream Programs	Website/portal development	Website Management	Developing Web-Based Tools	Help desk - hosting	Help desk - staffing	Staffing/Organizational Structures	Project Monitoring/Compliance	Timeliness/Program Efficiency	Oversight & Mentoring of Subrecipients	Recordkeeping/Financial Mgmt.	Asset and Property Management	Evaluating Performance	Accounting Principles/Indirect Costs	OMB Circulars and Uniform Admin Req (A-87, A-110, A-133, Part 85)	Fund Award/Subrecipient Procurement	Conflict Resolution/Negotiation	Data Analysis	Needs Assessments	Program Evaluation	Research	CoC Structure, Governance & Planning	Strategic Planning	Data Collection, Quality & Analysis	Structure & Governance	Reporting	Data Warehousing	Software Selection Process	Provider Participation	Privacy & Confidentiality	Security & Data Protection	CAPER	CoC APR	HPRP QPR/APR	*e-snaps*	IDIS	HDX	GMP
29	[redacted]																																																					
30	[redacted]																																																					
31	[redacted]																																																					
32	[redacted]																																																					
33	[redacted]																																																					
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35	[redacted]																																																					
36	[redacted]																																																					
37	[redacted]																																																					
38	[redacted]																																																					

Active Technical Assistance (TA) Awards Received

Applicants should indicate each **active** TA award/grant received by the applicant since January 2008 and include award date, award amount, period of performance, award manager, phone number and email address. Applicants should describe performance issues with any award as well as the steps taken or being taken to resolve the issues.

NOTE: Awards received by subcontractors or consultants should not be included.

Organization receiving TA Award -- the Applicant with active TA awards/grants.
Awarding Organization -- the name of the organization that awarded the TA funds.
Award Date -- the date the contract or agreement was executed. Enter as MM/DD/YYYY.
Award Amount -- the amount of the award rounded to the next whole dollar. Do not enter cents in the chart.
Period of Performance -- the timeframe covered by the contract or agreement. Enter start and end dates of the period using MM/YYYY format.
Award Manager -- the employee designated by the **awarding organization** as the Contracting Officer (CO), Contracting Officer's Technical Representative (COTR), Government Technical Representative or Government Technical Monitor. NOTE: this is not the applicant's staff person responsible for managing the award.

ACTIVE TECHNICAL ASSISTANCE AWARDS RECEIVED (since January 2008) OMB Control number: 2506-004 (exp. 10/31/14)

[redacted]

Application to Provide McKinney-Vento HMIS Technical Assistance (HMIS TA)

Abt Associates Technical Assistance and Capacity Building: Practice Informed, Evidence-Based

$2,795,664

May 20, 2013

Submitted to:

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
451 7th Street, SW
Washington, DC 20410

Submitted by:

Abt Associates
4550 Montgomery Avenue
Suite 800 North
Bethesda, MD 20814

Capacity and Funding Summary

Abt Associates Inc. is pleased to submit this application to the U.S. Department of Housing and Urban Development (HUD) to provide HMIS technical assistance under the FY 2013 NOFA. We are requesting [redacted] McKinney-Vento HMIS TA funds to continue to assist HUD in achieving the HMIS TA objectives identified in the NOFA.

Abt has the capacity to conduct all of the eligible TA activities: conducting needs assessments, providing direct TA, [redacted]

2015). Task budgets for this period are shown below; details on the proposed staffing and level of effort are shown in the companion detailed budget worksheet.

[redacted]

Introduction

For more than a decade, Abt Associates has supported HUD's Office of Special Needs Assistance Programs (SNAPS) with Homeless Management Information Systems (HMIS) technical assistance (TA). Our team helps Continuums of Care (CoCs) across the country improve the accuracy and functionality of their HMIS implementations and has built a robust HMIS-based data collection and research platform that helps SNAPS answer important policy questions about homelessness and produce the Annual Homelessness Assessment Reports (AHAR) for Congress.

[redacted]

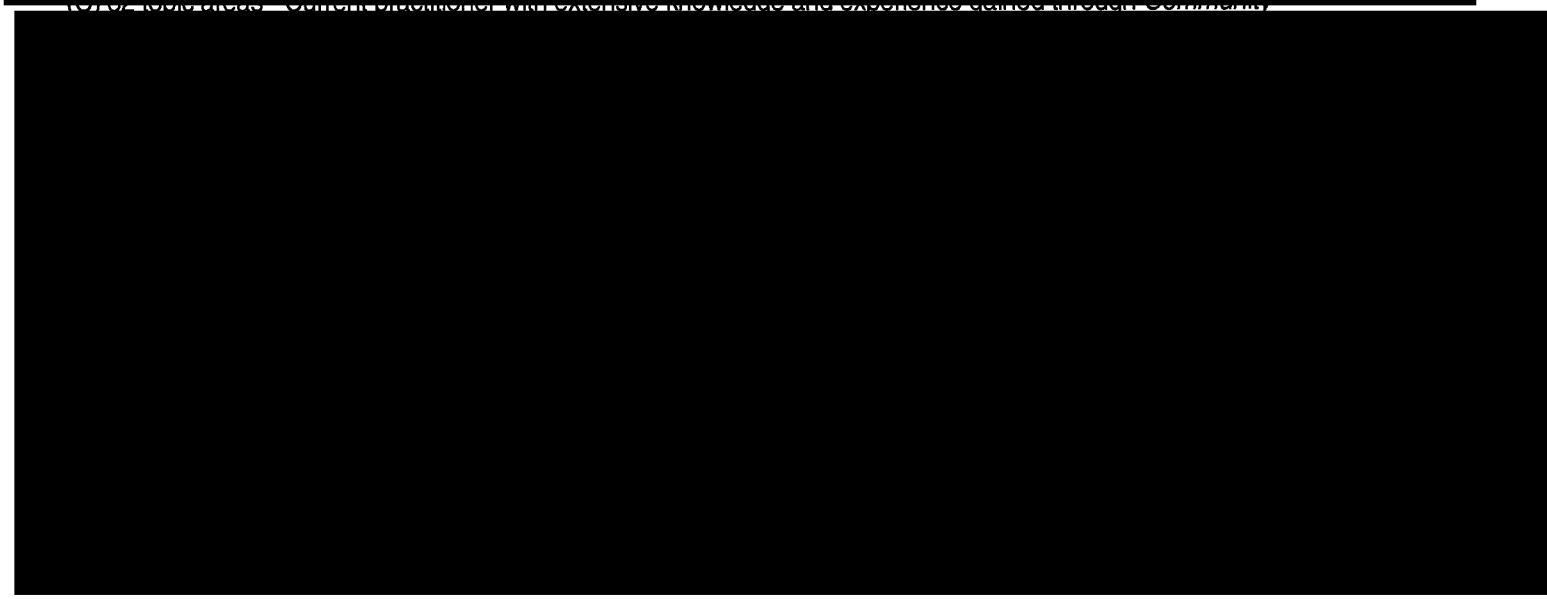
[redacted]

Below we present the narrative for our McKinney-Vento HMIS TA application according to the rating factors identified in the NOFA. Rating Factor 1 describes our capacity and relevant experience [redacted] Rating Factor 2 presents our management approach, identifies policy priorities that we will address, and our quality control process. Rating Factor 3 outlines our plans for achieving results and program evaluation.

Rating Factor 1. Applicant's Capacity and Relevant Experience

1.1 Recent Experience and Performance

[redacted]

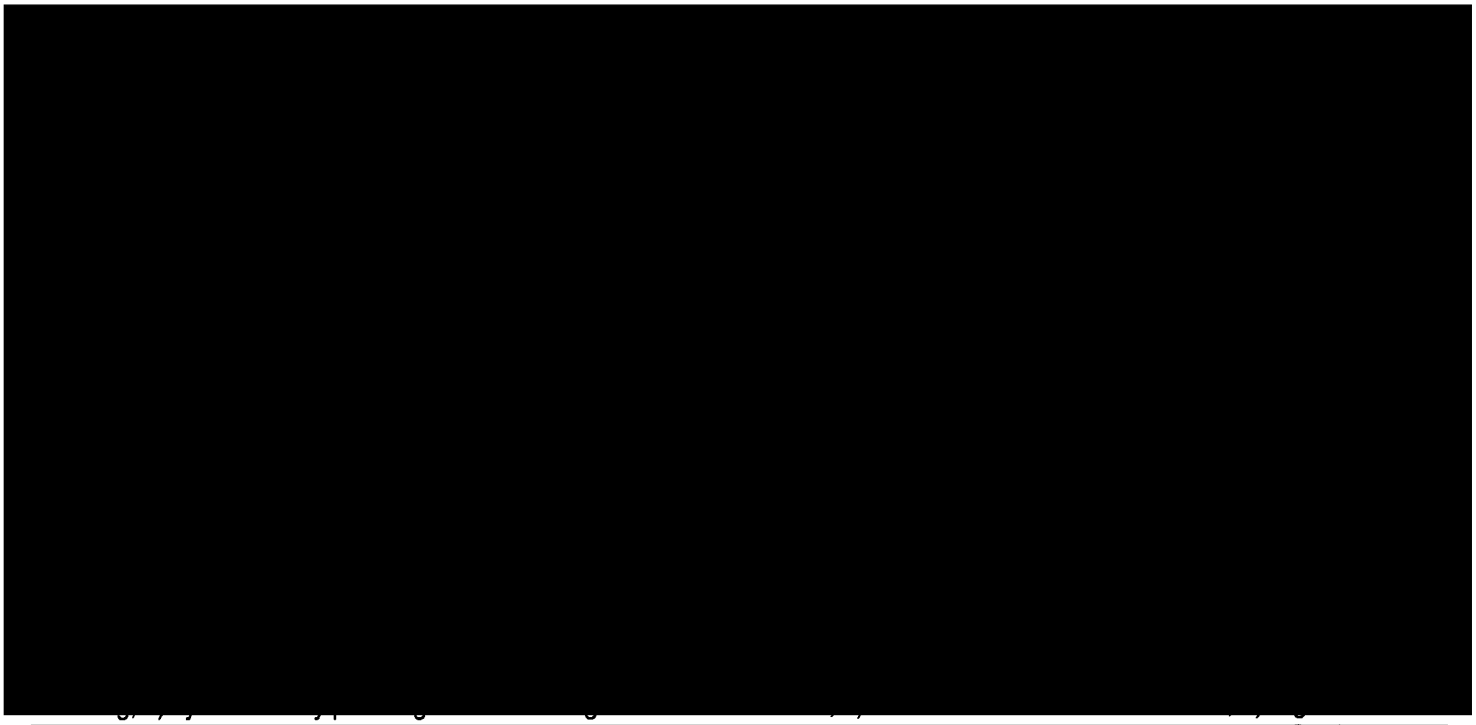


[redacted]

Rating Factor 2. Soundness of Approach

2.1 Management

[redacted]



[redacted]

[redacted]

[redacted]

Exhibit 2.2 HUD Policy Priorities and Potential Outcomes of TA Activities	
Activities from NOFA	Outcomes from NOFA
Technical Assistance Activity 1. Develop ***products and tools*** to help grantees to implement new HEARTH-related programmatic and data collection requirements and strategies.	
[redacted]	
Technical Assistance Activity 2. Provide ***direct TA*** to help grantees adopt solid data collection strategies and implement and comply with the new HEARTH HMIS requirements.	
[redacted]	

high-quality TA delivery and efficiently leverages the knowledge of the full team.

[redacted]

Rating Factor 3. Achieving Results and Program Evaluation

3.1 Outcomes

The Abt team supports a performance-driven approach to TA delivery that enables HMIS administrators and CoC representatives to adequately support community needs for data on homelessness, homeless assistance programs, and system performance. [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

3.2 *Evaluation*

Exhibit 3.2 presents outcome measures for each TA activity and the data sources and methods that we propose to use to assess the effectiveness of each type of TA activity, whether identified outcomes were achieved, and the quality of the product or experience. As described below, [redacted]

Exhibit 3.2 Evaluation Methods	
Measures of Effectiveness	**Data Source/Method to Demonstrate Progress**
Needs Assessments	[redacted]
action.	
Direct TA	

[redacted]

Exhibit 3.2 Evaluation Methods	
Measures of Effectiveness	**Data Source/Method to Demonstrate Progress**
Tools and Products	
[redacted]	
Group Learning	
[redacted]	
[redacted]	

Grant Applications
Detailed Budget

U.S. Department of Housing and Urban Development

OMB Number: 2501-0017
Expiration Date: 03/31/2011

Organization Name: Abt Associates Inc

Project/Activity Name: Abt Associates Inc 2013 HMIS-TA Application

Functional Categories — Year 1: ☒ Year 2: ☐ Year 3: ☐ All Years: ☐

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share ($)	Applicant Match ($)	Other HUD Funds ($)	Other Fed Share ($)	State Share ($)	Local/Tribal Share ($)	Other Share ($)	Program Income ($)	Total ($)
a. Personnel (Direct Labor)	614,472.60								
b. Fringe Benefits	275,283.73								
c. Travel	36,168.00								
d. Equipment (only items > $5,000 depreciated value)									
e. Supplies (only items < $5,000 depreciated value)									
f. Contractual	335,493.58								
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other Direct Costs	73,467.89								
i. Subtotal of Direct Costs	1,334,885.80								
j. Indirect Costs (% Approved Indirect Cost Rate: 50.99 %)									680,693.95
Grand Total (Year 1):									2,015,579.75
Grand Total (All Years):									2,795,664.33

form **HUD-424-CB** (1/2004)

Grant Applications
Detailed Budget

U.S. Department of Housing and Urban Development

OMB Number: 2501-0017
Expiration Date: 03/31/2011

Organization Name: Abt Associates Inc

Project/Activity Name: Abt Associates Inc 2013 HMIS-TA Application

Functional Categories — Year 1: ☐ Year 2: ☒ Year 3: ☐ All Years : ☐

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share ($)	Applicant Match ($)	Other HUD Funds ($)	Other Fed Share ($)	State Share ($)	Local/Tribal Share ($)	Other Share ($)	Program Income ($)	Total ($)
a. Personnel (Direct Labor)	237,550.73								
b. Fringe Benefits	106,422.73								
c. Travel	7,552.00								
d. Equipment (only items > $5,000 depreciated value)									
e. Supplies (only items < $5,000 depreciated value)									
f. Contractual	140,369.54								
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other Direct Costs	26,251.47								
i. Subtotal of Direct Costs	518,146.46								
j. Indirect Costs (% Approved Indirect Cost Rate: 50.55 %)									261,938.12
Grand Total (Year 2):									780,084.58
Grand Total (All Years):									2,795,664.33

form **HUD-424-CB** (1/2004)

Grant Applications
Detailed Budget

U.S. Department of Housing and Urban Development

OMB Number: 2501-0017
Expiration Date: 03/31/2011

Organization Name: Abt Associates Inc

Project/Activity Name: Abt Associates Inc 2013 HMIS-TA Application

Functional Categories — Year 1: ☐ Year 2: ☐ Year 3: ☒ All Years: ☐

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share ($)	Applicant Match ($)	Other HUD Funds ($)	Other Fed Share ($)	State Share ($)	Local/Tribal Share ($)	Other Share ($)	Program Income ($)	Total ($)
a. Personnel (Direct Labor)									
b. Fringe Benefits									
c. Travel									
d. Equipment (only items > $5,000 depreciated value)									
e. Supplies (only items < $5,000 depreciated value)									
f. Contractual									
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other Direct Costs									
i. Subtotal of Direct Costs									
j. Indirect Costs (% Approved Indirect Cost Rate: ☐ %)									
Grand Total (Year 3):									
Grand Total (All Years):									2,795,664.33

form **HUD-424-CB** (1/2004)

Grant Applications
Detailed Budget

U.S. Department of Housing and Urban Development

OMB Number: 2501-0017
Expiration Date: 03/31/2011

Organization Name: Abt Associates Inc

Project/Activity Name: Abt Associates Inc 2013 HMIS-TA Application

Functional Categories — Year 1: ☐ Year 2: ☐ Year 3: ☐ All Years: ☒

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	HUD Share ($)	Applicant Match ($)	Other HUD Funds ($)	Other Fed Share ($)	State Share ($)	Local/Tribal Share ($)	Other Share ($)	Program Income ($)	Total ($)
a. Personnel (Direct Labor)	852,023.34								
b. Fringe Benefits	381,706.45								
c. Travel	43,720.00								
d. Equipment (only items > $5,000 depreciated value)									
e. Supplies (only items < $5,000 depreciated value)									
f. Contractual	475,863.12								
g. Construction									
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of-Way, Appraisals, etc.									
3. Relocation Expenses and Payments									
4. Architectural and Engineering Fees									
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction									
10. Equipment									
11. Contingencies									
12. Miscellaneous									
h. Other Direct Costs	99,719.35								
i. Subtotal of Direct Costs	1,853,032.26								
j. Indirect Costs (% Approved Indirect Cost Rate: 50.87 %)									942,632.07
Grand Total (Year All):									2,795,664.33
Grand Total (All Years):									2,795,664.33

form **HUD-424-CB** (1/2004)

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:
- [ ] a. contract
- [ ] b. grant
- [x] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

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

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

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

*Name: Abt Associates Inc

*Street 1: 55 Wheeler Street Street 2:

*City: Cambridge State: MA: Massachusetts Zip: 02138-1168

Congressional District, if known: MA-008

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

6. * Federal Department/Agency:
U.S. Dept. Housing and Urban Development

7. * Federal Program Name/Description:
Homeless Management Information Systems Technical Assistance

CFDA Number, *if applicable:* 14.261

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix *First Name: N/A - None Middle Name:

*Last Name: N/A - None Suffix:

*Street 1: Street 2:

*City: State: Zip:

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

Prefix *First Name: N/A - None Middle Name:

*Last Name: N/A - None 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:** Mary Joel Holin

***Name:** Prefix: Mrs. *First Name: Mary Middle Name: Joel

*Last Name: Holin Suffix:

Title: Division Vice President **Telephone No.:** 301-634-1736 **Date:** 05/20/2013

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Standard Form - LLL (Rev. 7-97)

Facsimile Transmittal

1366983998-8230

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

OMB Number: 2525-0118
Expiration Date: 06/30/2011

Name of Document Transmitting: Abt Associates Inc. 2013 HMIS-TA Application - Nothing Faxed

1. Applicant Information:

Legal Name: Abt Associates Inc

Address:

Street1: 55 Wheeler Street

Street2:

City: Cambridge

County: Middlesex

State: MA: Massachusetts

Zip Code: 02138-1168 Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS: 0433975200000 CFDA No.: 14.261

Title: Homeless Management Information Systems Technical Assistance

Program Component:

3. Facsimile Contact Information:

Department: Housing

Division: Social and Economic Policy

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

Prefix: Mrs. First Name: Mary

Middle Name: Joel

Last Name: Holin

Suffix:

Phone Number: 301-634-1736

Fax Number: 301-634-1801

5. Email: Mary_Holin@abtassoc.com

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

Form **HUD-96011** (10/12/2004)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Number: 2510-0011
Expiration Date: 10/31/2012

Applicant/Recipient Information *** Duns Number:** 0433975200000 *** Report Type:** INITIAL

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

* Applicant Name: Abt Associates Inc

* Street1: 55 Wheeler Street

Street2:

* City: Cambridge

County: Middlesex

* State: MA: Massachusetts

* Zip Code: 02138-1168

* Country: USA: UNITED STATES

* Phone: 301-634-1736

2. Social Security Number or Employer ID Number: 04-2347643

* 3. HUD Program Name: Homeless Management Information Systems Technical Assistance

* 4. Amount of HUD Assistance Requested/Received: $ 2,795,664.33

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

* Project Name: Abt Associates Inc 2013 HMIS-TA Application

* Street1: 55 Wheeler Street

Street2:

* City: Cambridge

County: Middlesex

* State: MA: Massachusetts

* Zip Code: 02138-1168

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ Yes ☒ No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD) , involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ Yes ☒ No

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

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance: * Amount Requested/Provided: $

* Expected Uses of the Funds:

(**Note**: Use Additional pages if necessary.) 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 %)
			$ %
			$ %
			$ %
			$ %
			$ %

(**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 Joel Holin	05/20/2013

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 05/20/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Abt Associates Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 04-2347643

* c. Organizational DUNS: 0433975200000

d. Address:

* Street1: 55 Wheeler Street
Street2:
* City: Cambridge
County/Parish: Middlesex
* State: MA: Massachusetts
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 02138-1168

e. Organizational Unit:

Department Name: Housing

Division Name: Social and Economic Policy

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

Prefix: Mrs.
* First Name: Mary
Middle Name: Joel
* Last Name: Holin
Suffix:

Title: Division Vice President

Organizational Affiliation: Abt Associates Inc

* Telephone Number: 301-634-1736
Fax Number: 301-634-1801

* Email: Mary_Holin@abtassoc.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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:

14.261

CFDA Title:

Homeless Management Information Systems Technical Assistance

*** 12. Funding Opportunity Number:**

FR-5700-N-06

* Title:

McKinney-Vento HMIS Technical Assistance Research

13. Competition Identification Number:

MVTA-06

Title:

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

AreasAffectedbyProject.docx Add Attachment Delete Attachment View Attachment

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

Abt Associates Inc. 2013 HMIS-TA Application

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: MA-008 b. Program/Project: us-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2013 * b. End Date: 08/31/2015

18. Estimated Funding ($):

* a. Federal	2,795,664.33
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,795,664.33

*** 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: Mrs. * First Name: Mary

Middle Name: Joel

* Last Name: Holin

Suffix:

* Title: Division Vice President

* Telephone Number: 301-634-1736 Fax Number: 301-634-1801

* Email: Mary_Holin@abtassoc.com

* Signature of Authorized Representative: Mary Joel Holin * Date Signed: 05/20/2013

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	AbtAssociatesHMISTANarrative	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	AbtAssociatesHUD40048Experien	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	AbtAssociatesHUD40049Expertis	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	AbtAssociatesHUD40050TAAwards	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	AbtAssociatesHUD424CBW.xlsx	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	AbtAssociatesDetailedBudget.x	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment