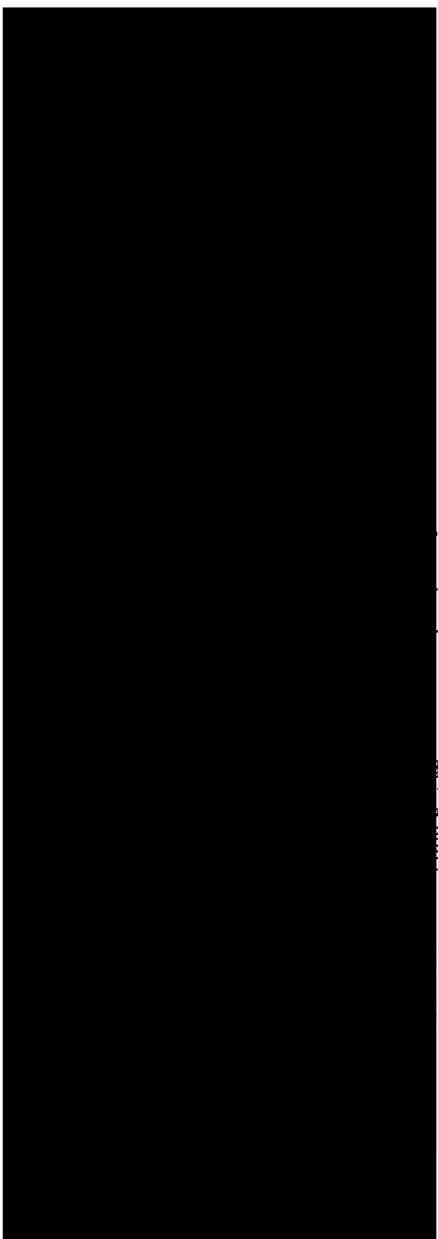
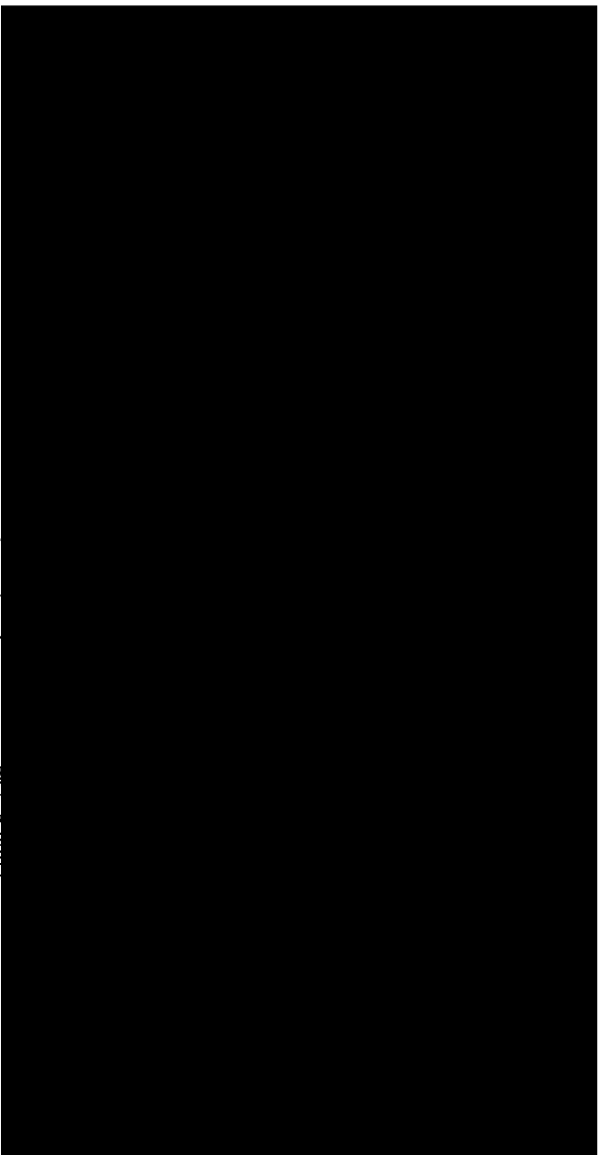


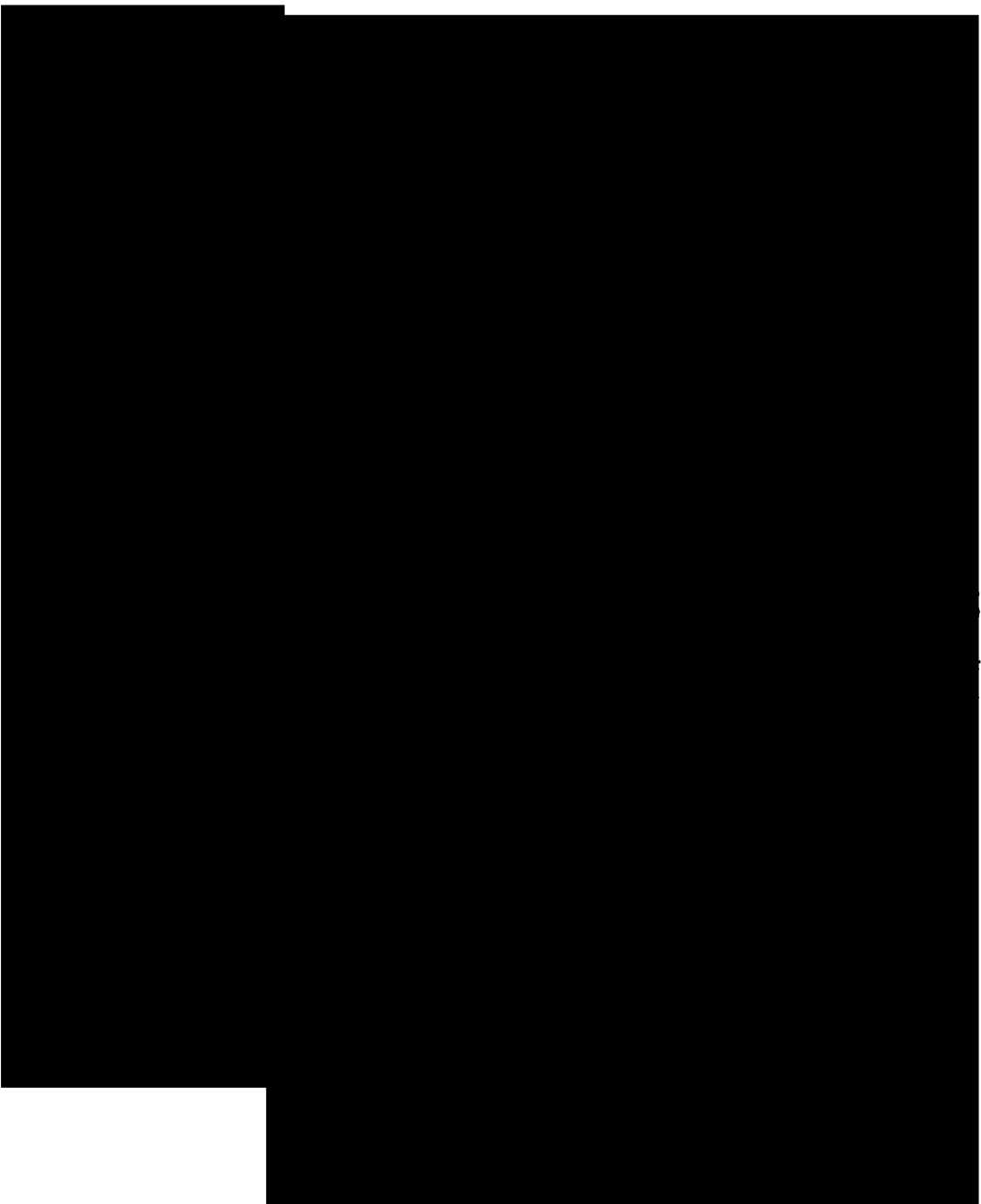
[REDACTED]

Proposed Period of Performance: September 1, 2013 - August 31, 2015

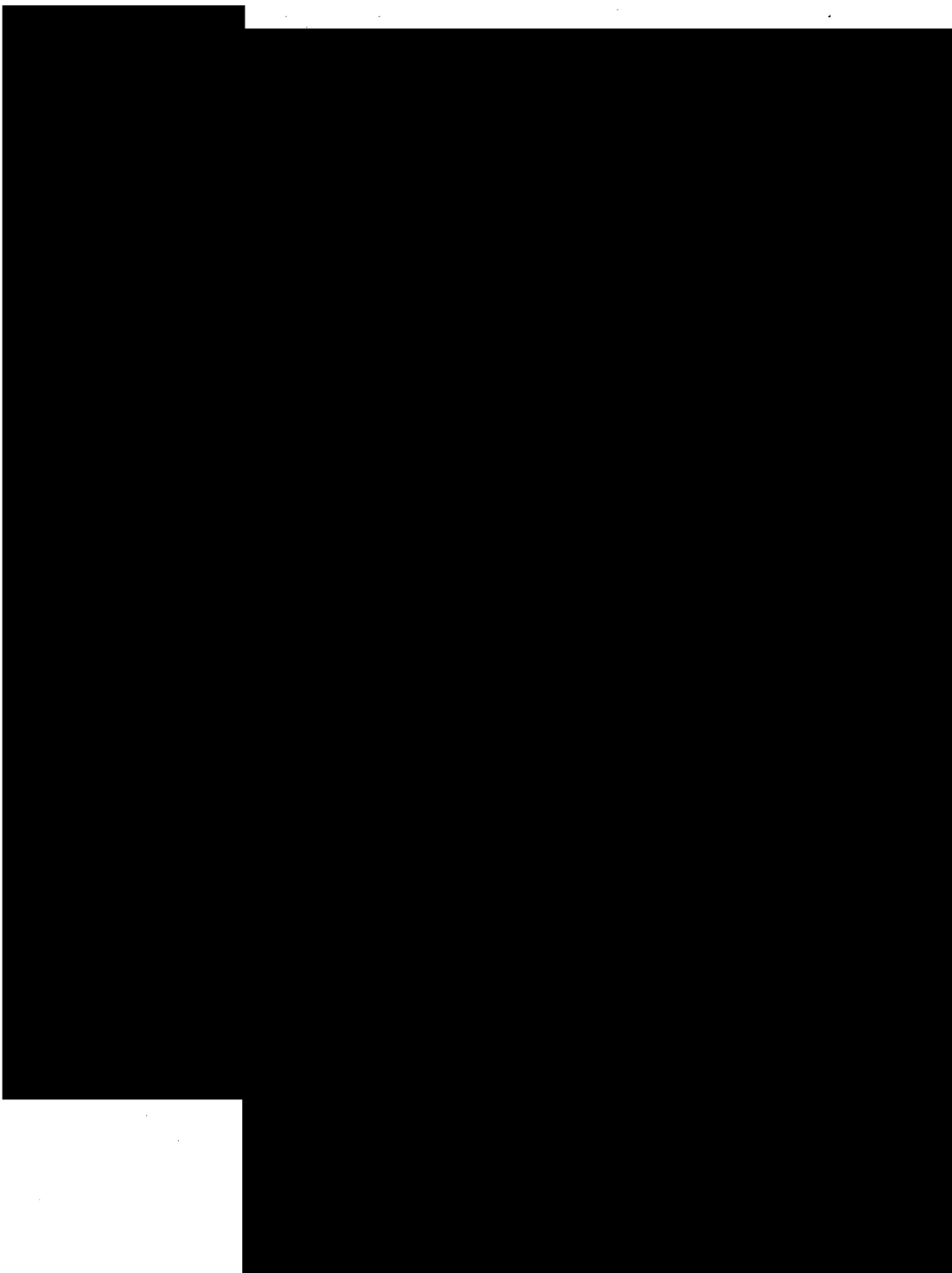
Abt Associates Inc.
2013 OneCPD *Plus* Application
Proposed Period of Performance: September 1, 2013 - August 31, 2015



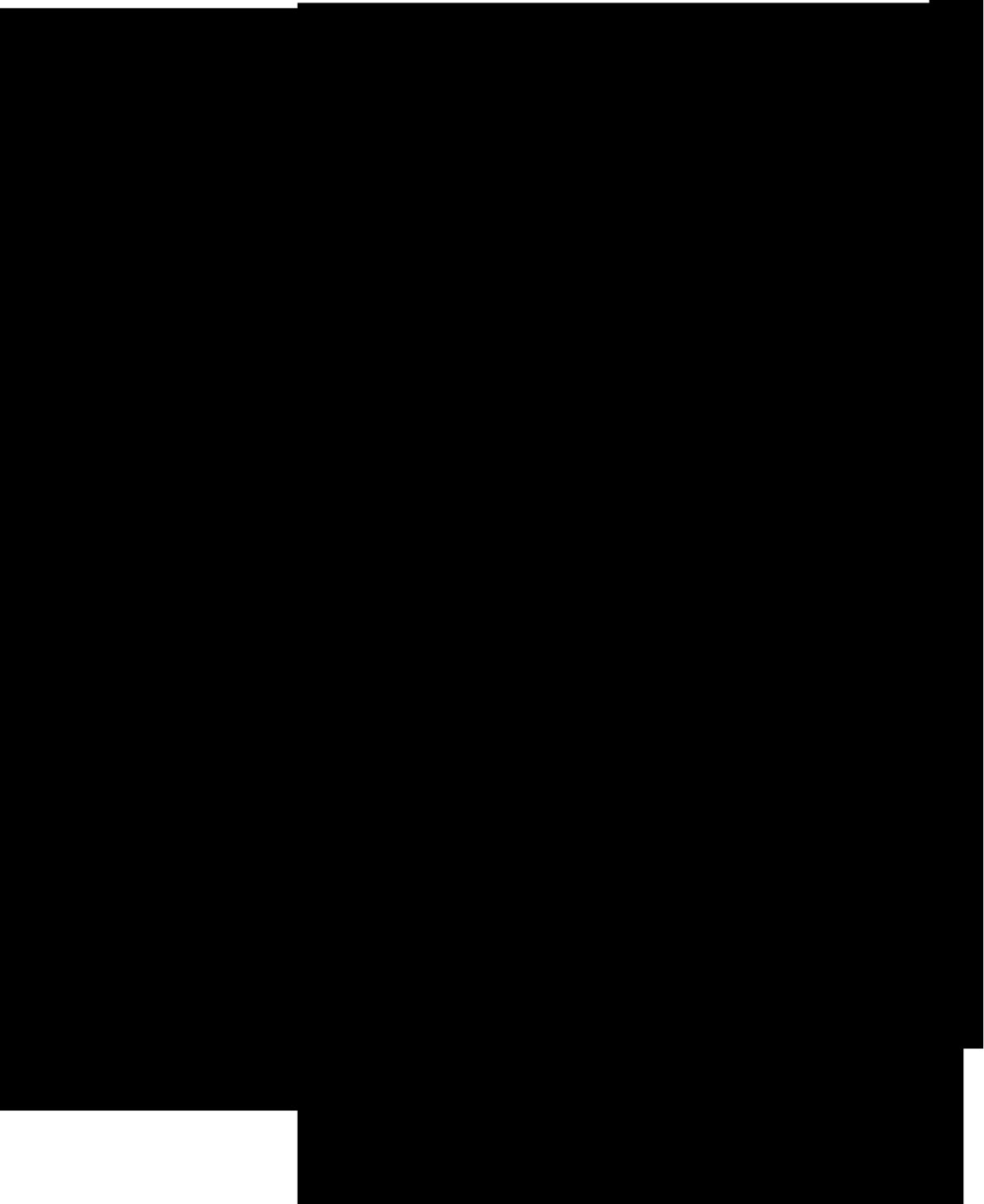
Abt Associates Inc.
2013 OneCPD *Plus* Application
Proposed Period of Performance: September 1, 2013 - August 31, 2015



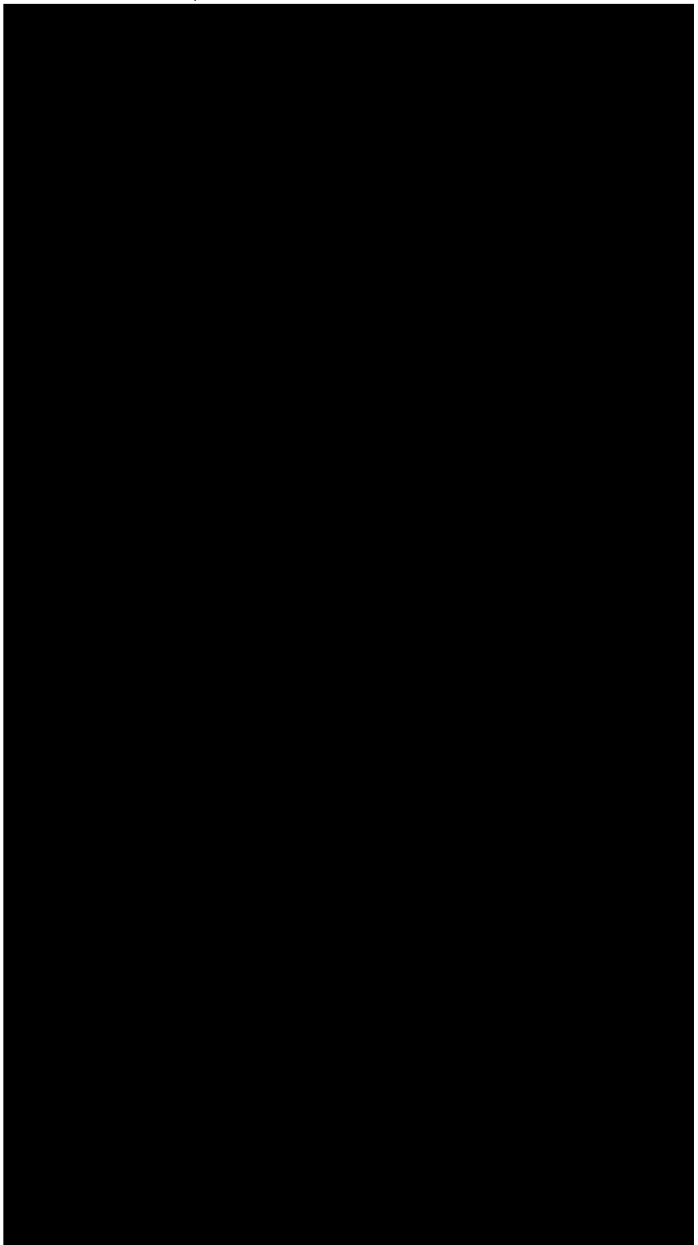
Abt Associates Inc.
2013 OneCPD *Plus* Application
Proposed Period of Performance: September 1, 2013 - August 31, 2015



Abt Associates Inc.
2013 OneCPD *Plus* Application
Proposed Period of Performance: September 1, 2013 - August 31, 2015



Abt Associates Inc.
2013 OneCPD *Plus* Application
Proposed Period of Performance: September 1, 2013 - August 31, 2015



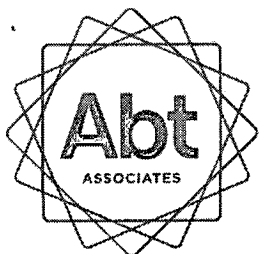
TECHNICAL
ASSISTANCE
CAPACITY
BUILDING

OneCPD+

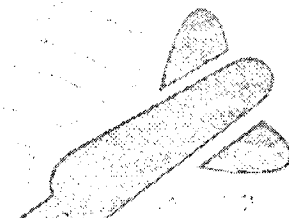
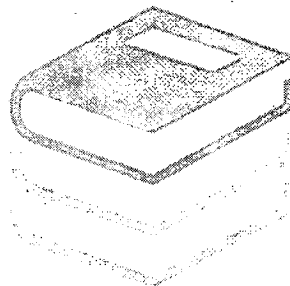
HUD Technical Assistance
& Capacity Building

LOCAL
COLLABORATION
COMMUNITY
DEVELOPMENT
KNOWLEDGE
MANAGEMENT

July 31, 2013



BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT





OneCPD+

HUD Technical Assistance & Capacity Building

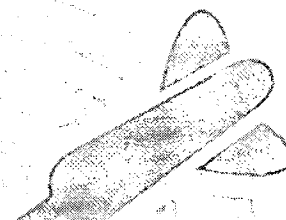
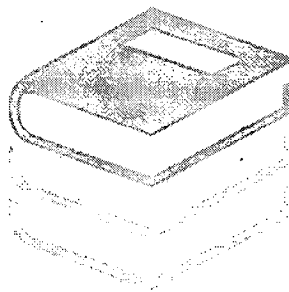
NOFA for FY13
Funding Opportunity Number: FR-5700-N-19
CFDA Number: 14:259

SUBMITTED TO
U.S. Department of Housing and Urban Development
Via Grants.gov

SUBMITTED BY
Abt Associates
4550 Montgomery Avenue
Suite 800N
Bethesda, MD 20814
DUNS Number: 04-339-7520

July 31, 2013

This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed—in whole or in part—for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of—or in connection with—the submission of these data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in these data if it is obtained from another source without restriction. The data subject to this restriction are contained in all sheets.



Capacity and Funding Summary

Abt Associates Inc. (Abt), as lead applicant, is pleased to submit this application to the U.S. Department of Housing and Urban Development (HUD) to provide OneCPD+ technical assistance and capacity building. Abt is an *employee-owned company* focused on program implementation and research in the fields of social, health and environmental policy, and international development. Through our Housing and Communities practice, we work with cities, states, foundations, nonprofits, and the federal government to support the successful implementation of local housing and community development initiatives, and provide the analytical and evaluation tools needed to strengthen local programs and improve outcomes for residents and communities.

For this OneCPD+ application, [REDACTED]

[REDACTED]

Funding Request

Abt Associates is requesting [REDACTED] in Technical Assistance and Capacity Building funds for a three-year period to assist HUD to achieve the objectives identified in the 2013 OneCPD+ NOFA.

Table of Contents

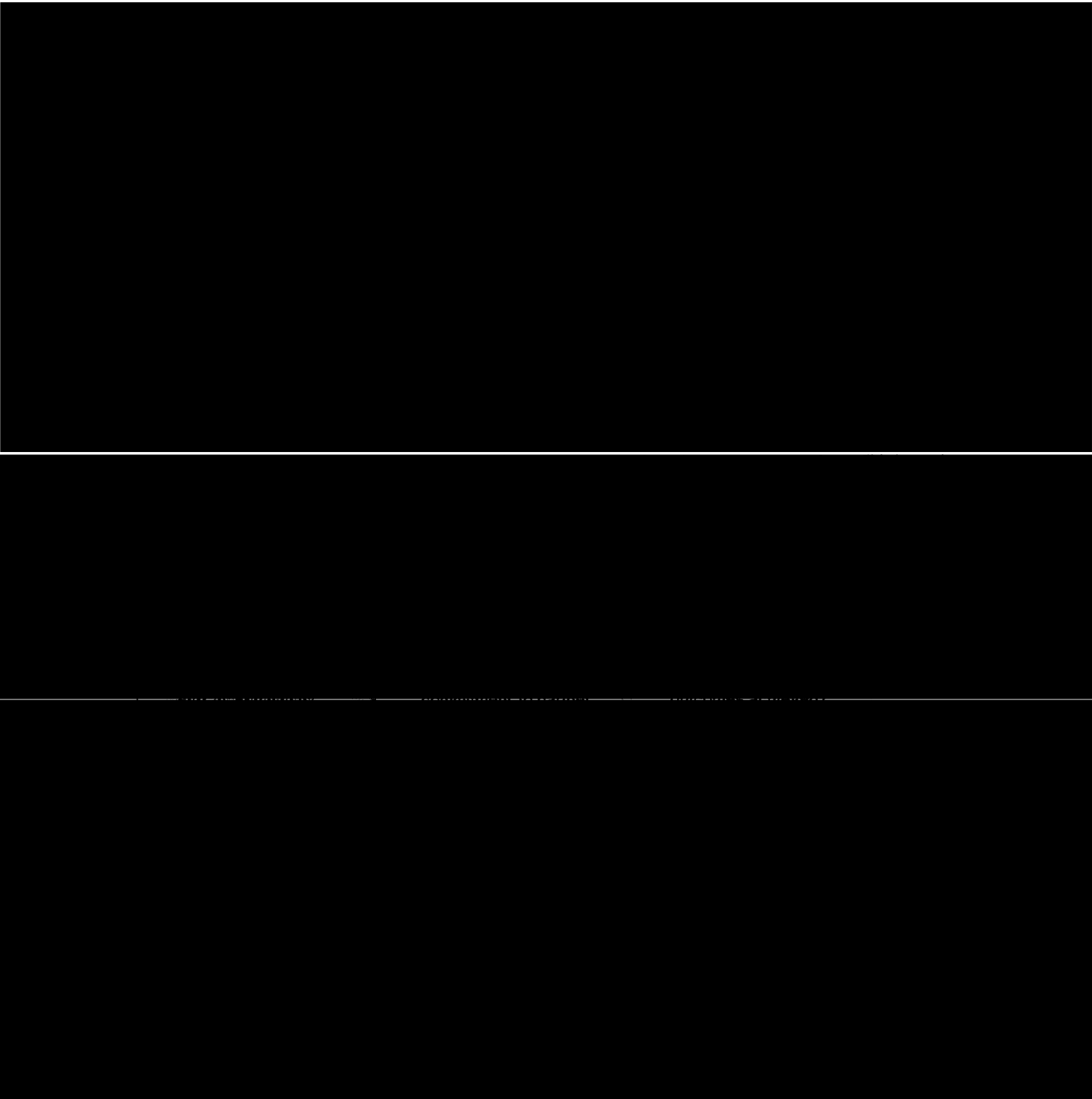
Capacity and Funding Summary

Funding Request

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[REDACTED]	
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Introduction

Abt has carefully assembled its OneCPD+ team to respond to the unique challenges facing HUD and its grantees today. In this introduction, we briefly highlight the specific capabilities of our team to execute cross-cutting technical assistance and capacity-building assignments:



Rating Factor 1: Organizational Capacity and Experience and Key Personnel

1.a. Recent experience and performance

Abt's approach to technical assistance focuses [REDACTED]

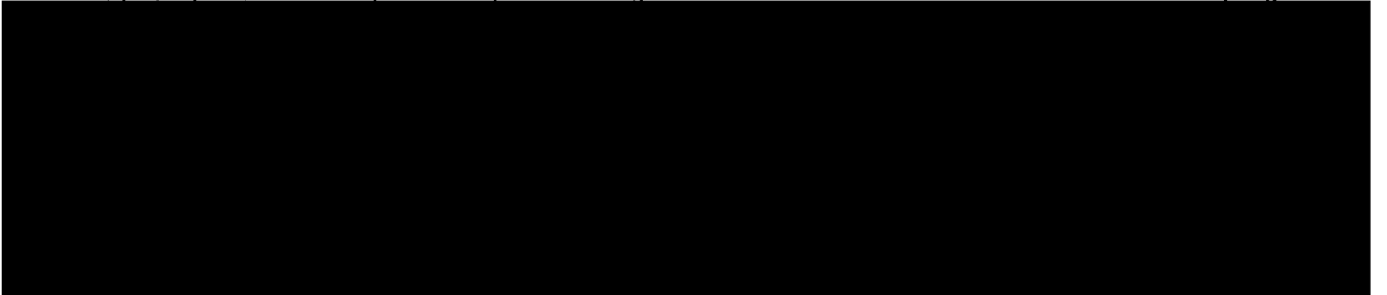
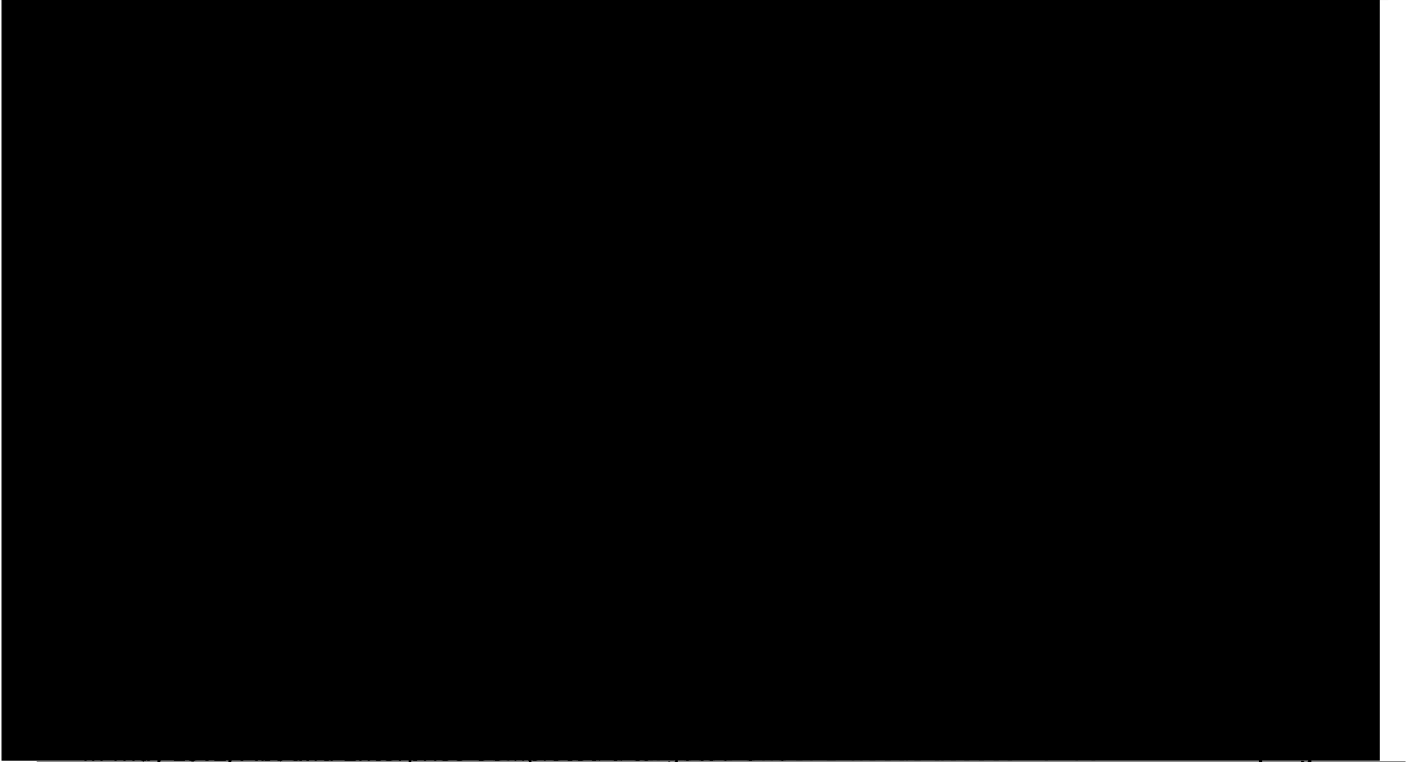
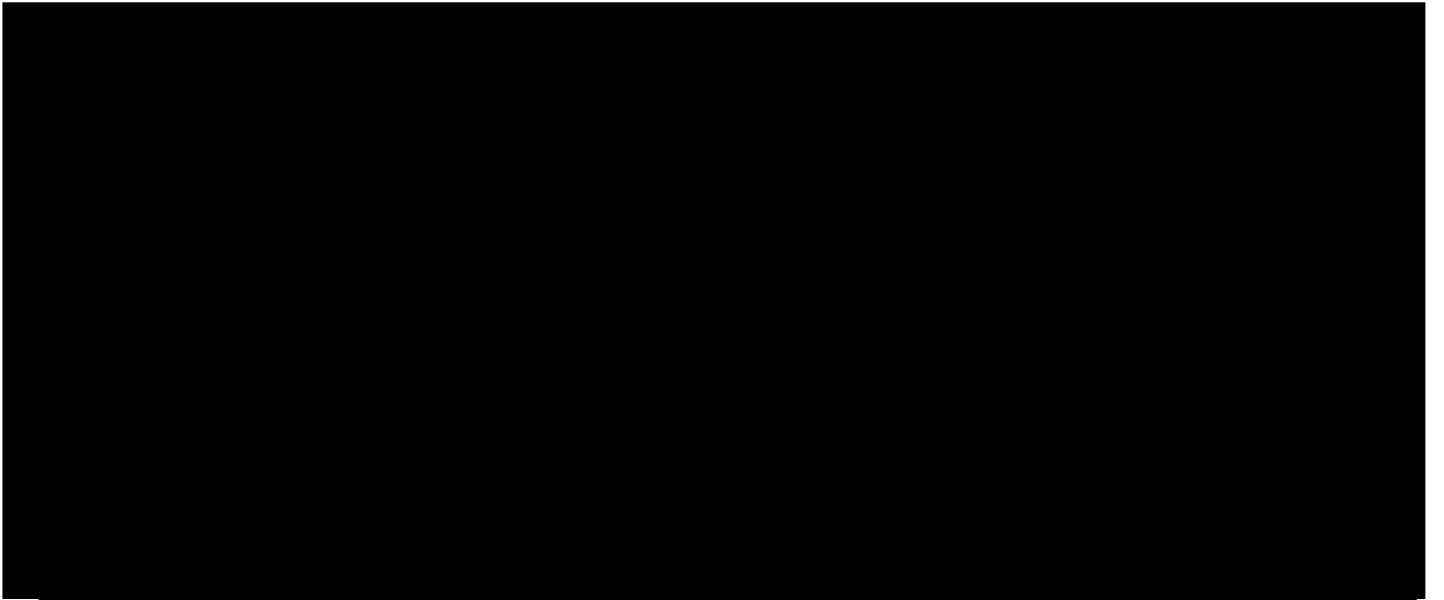
[REDACTED]

In this section, we present two engagements that illustrate our experience and the application of our unique skills described in the introduction. The first engagement description focuses on our work [REDACTED]

[REDACTED]

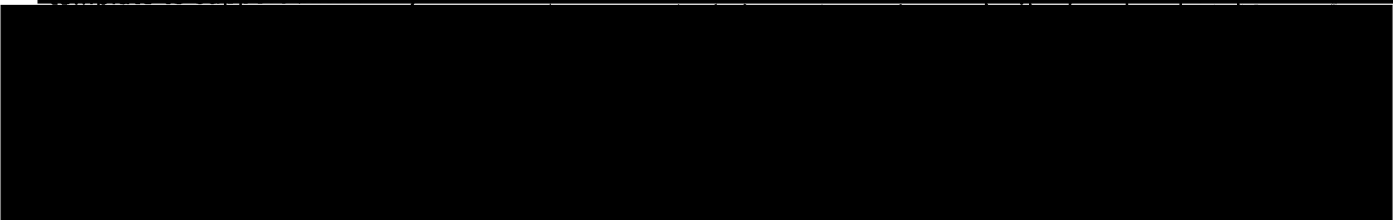
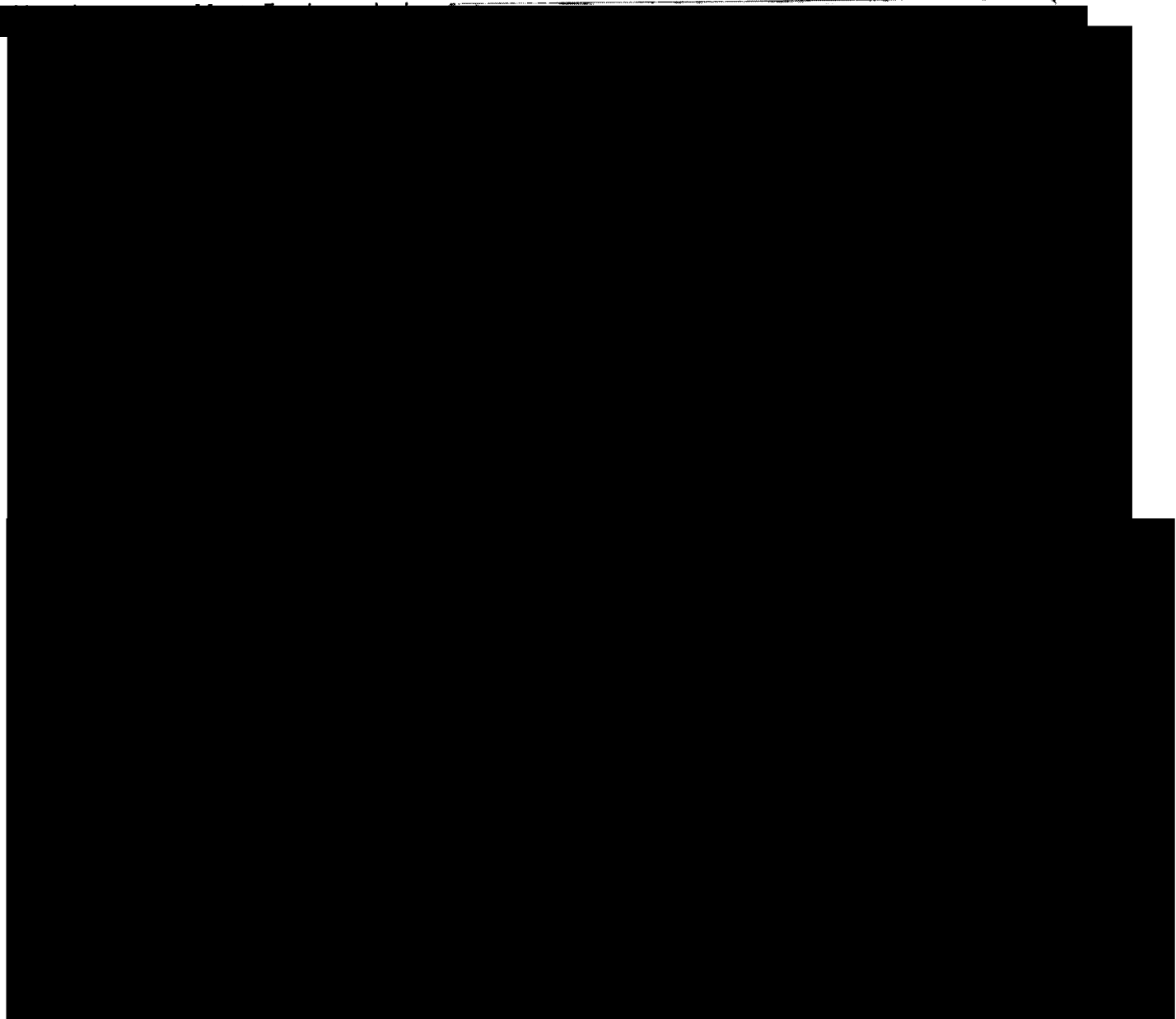
As one of the nation's largest and most complex entitlement communities, the [REDACTED] has been hit hard by the deep cuts in HOME and CDBG funding beginning in Fiscal Year 2011, the elimination of the State-funded Redevelopment Agencies (a major funder of affordable housing and community development) during the same timeframe, and the dramatic impact of the Fiscal Year 2013 sequestration on City and County housing authority budgets and other Federal housing programs. Concurrently, unemployment and other economic pressures have increased demand for housing and homeless assistance within the community. For instance, the recently published Point-in-time (PIT) count of homeless persons indicated a 16 percent increase in homelessness since 2011, a notable reversal from the slight downward trend of prior counts.

[REDACTED]



TA Component #2: CPD Grants Management Technical Assistance

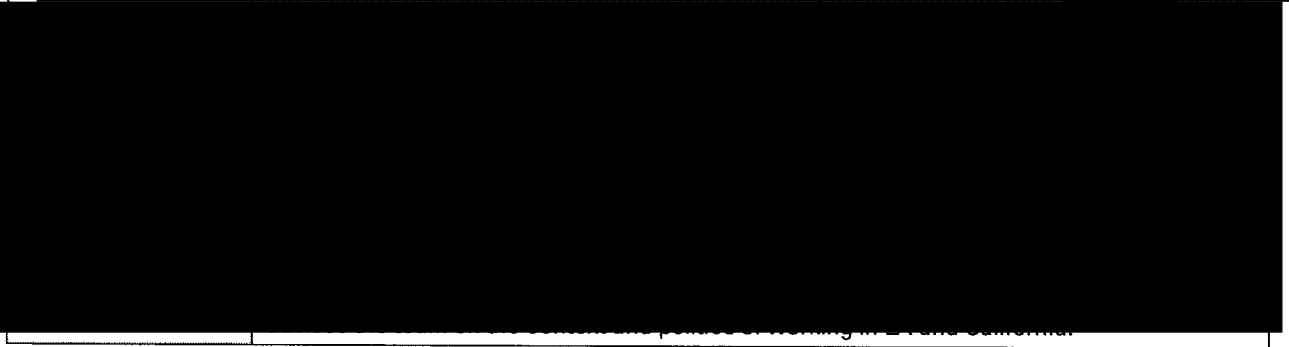
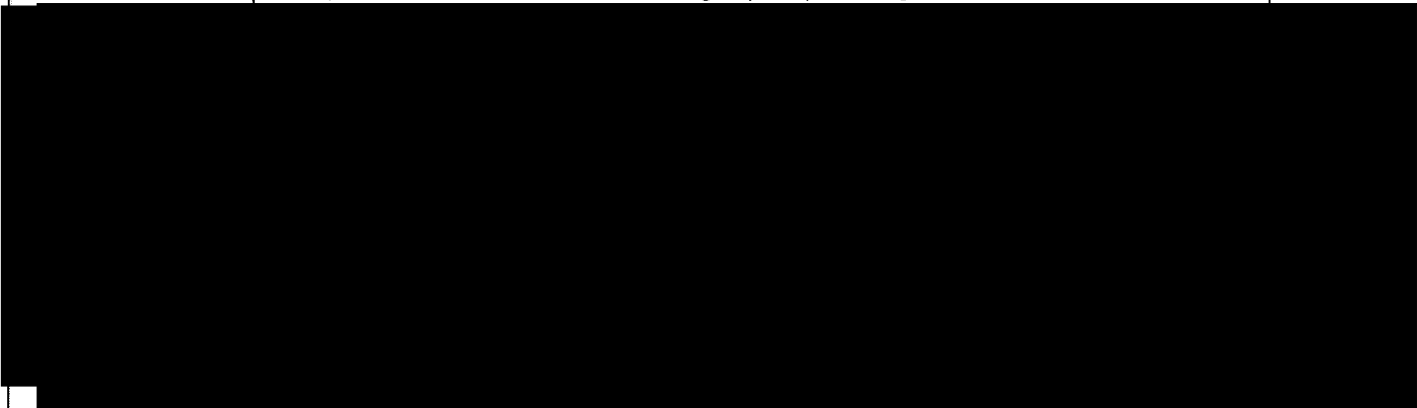
In August 2012, the Abt team began to work with the staff of the Los Angeles Mayor's Office, CDD, and LAHD to: 1) assist the City agencies to develop a standard set of performance-based federal grant management practices to be used across agencies and HUD grant programs; and 2) work across departments to improve organizational efficiencies and integration of functions.

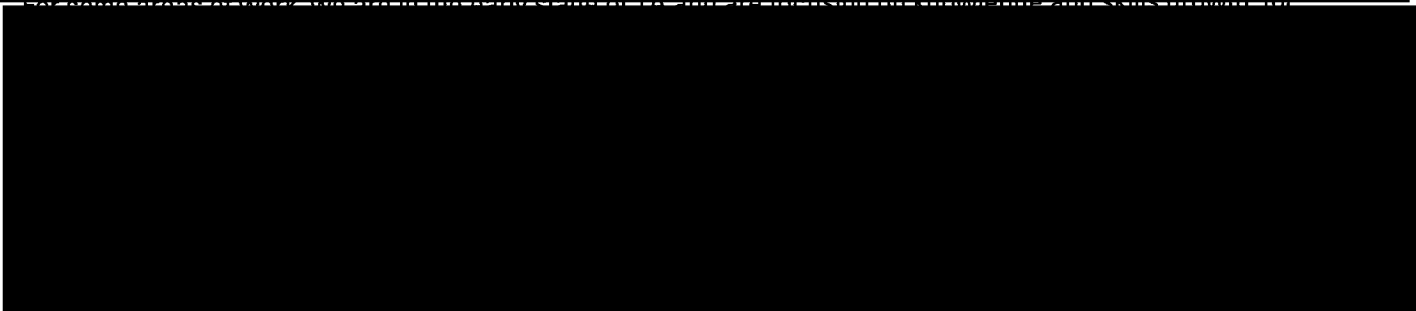
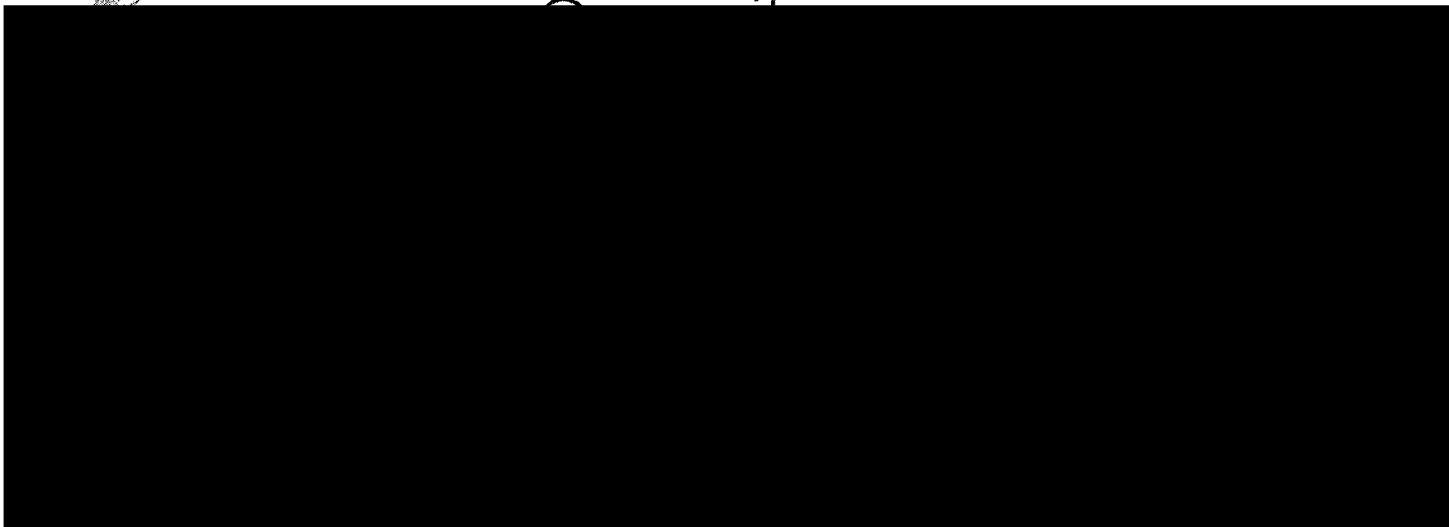
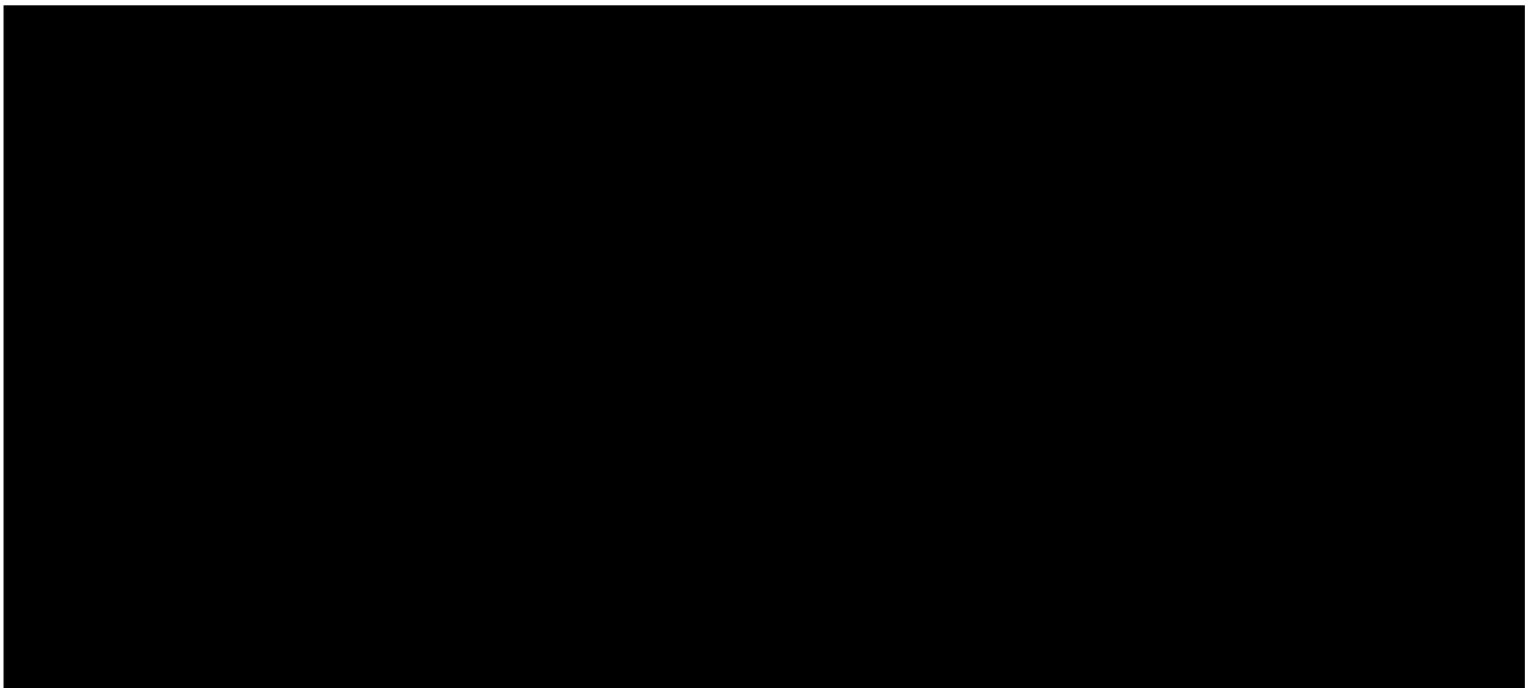


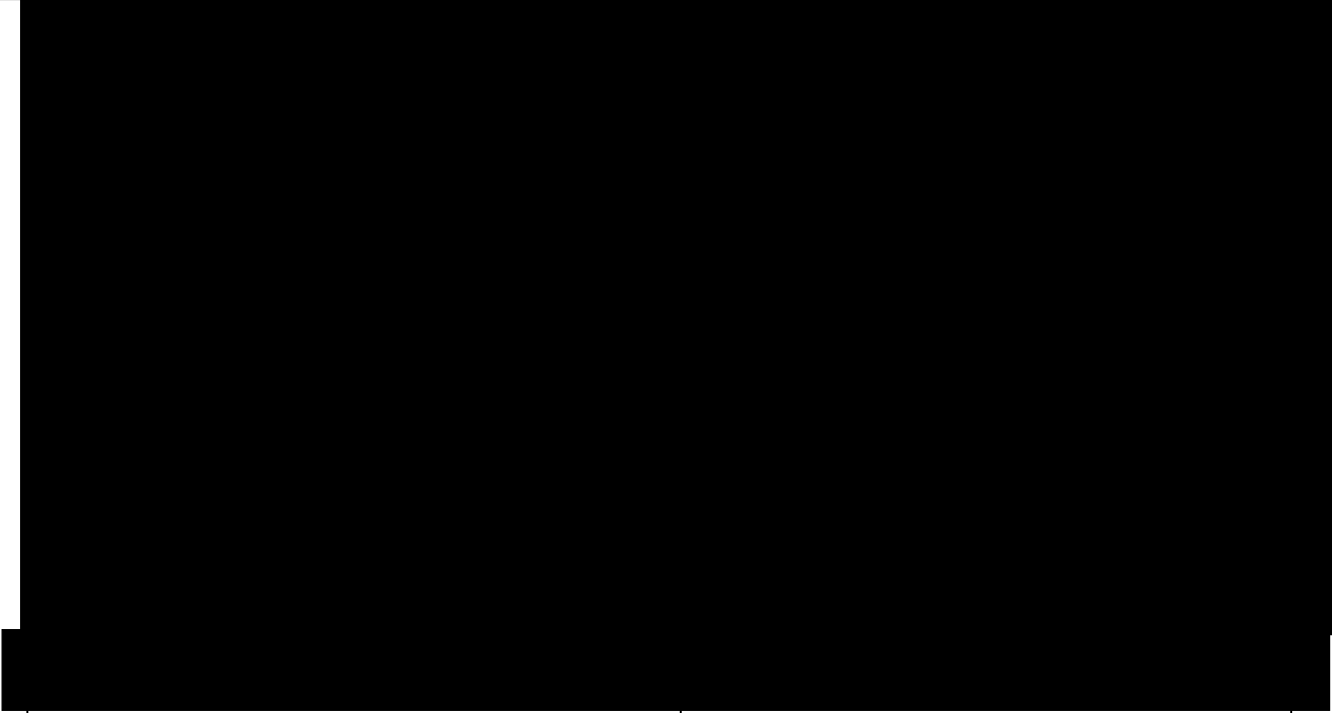
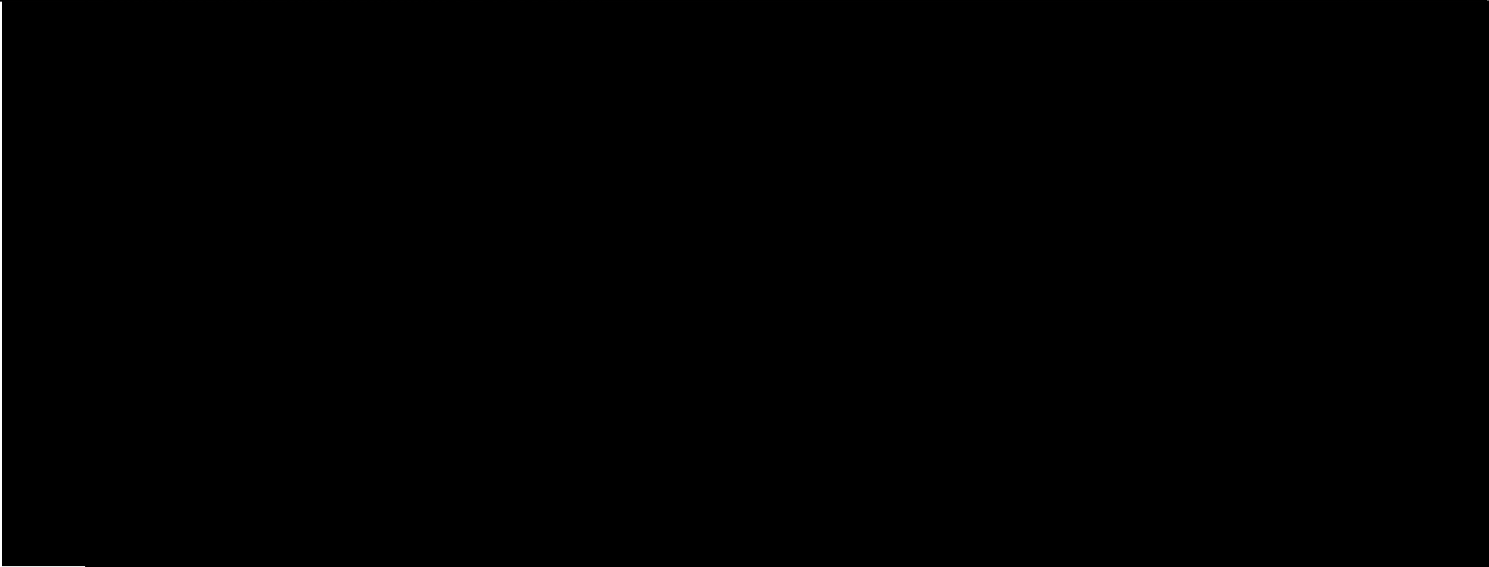
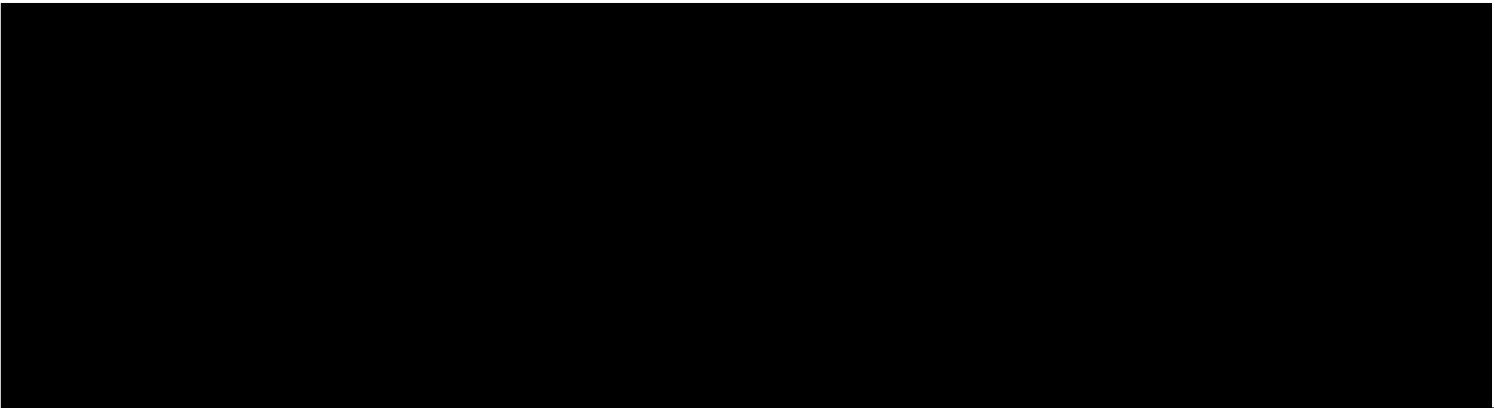
[REDACTED]

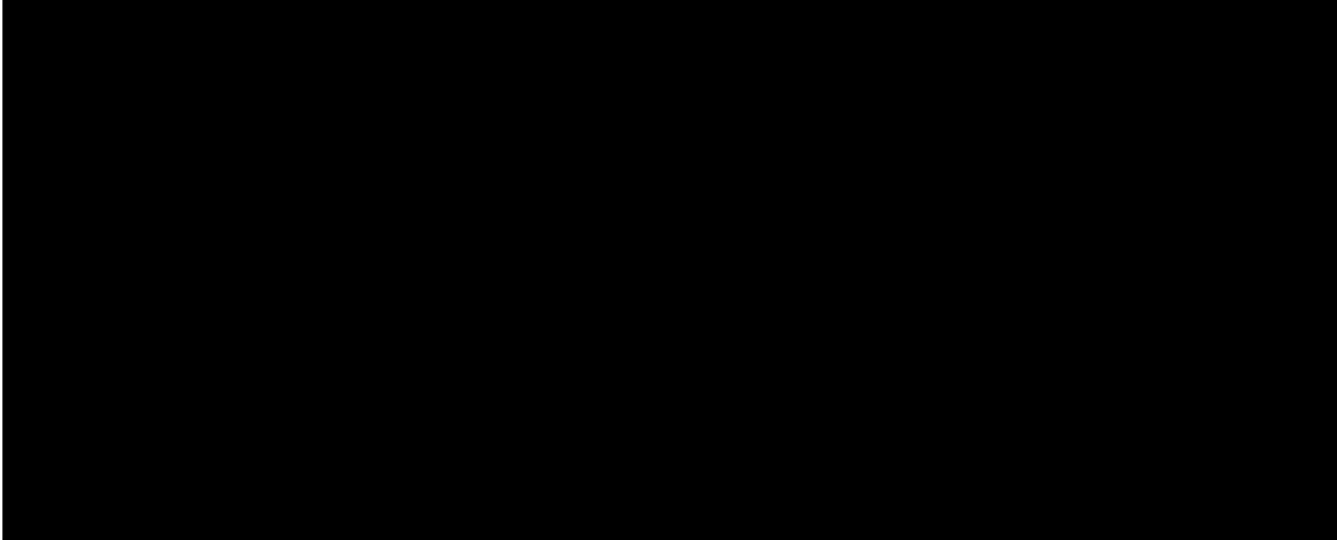
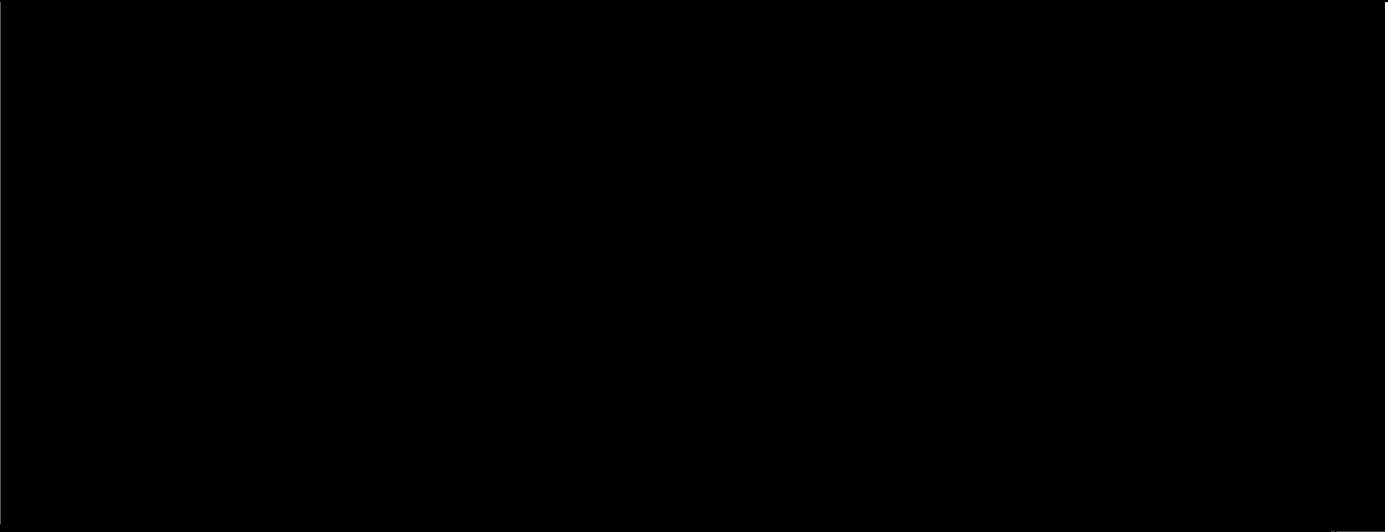
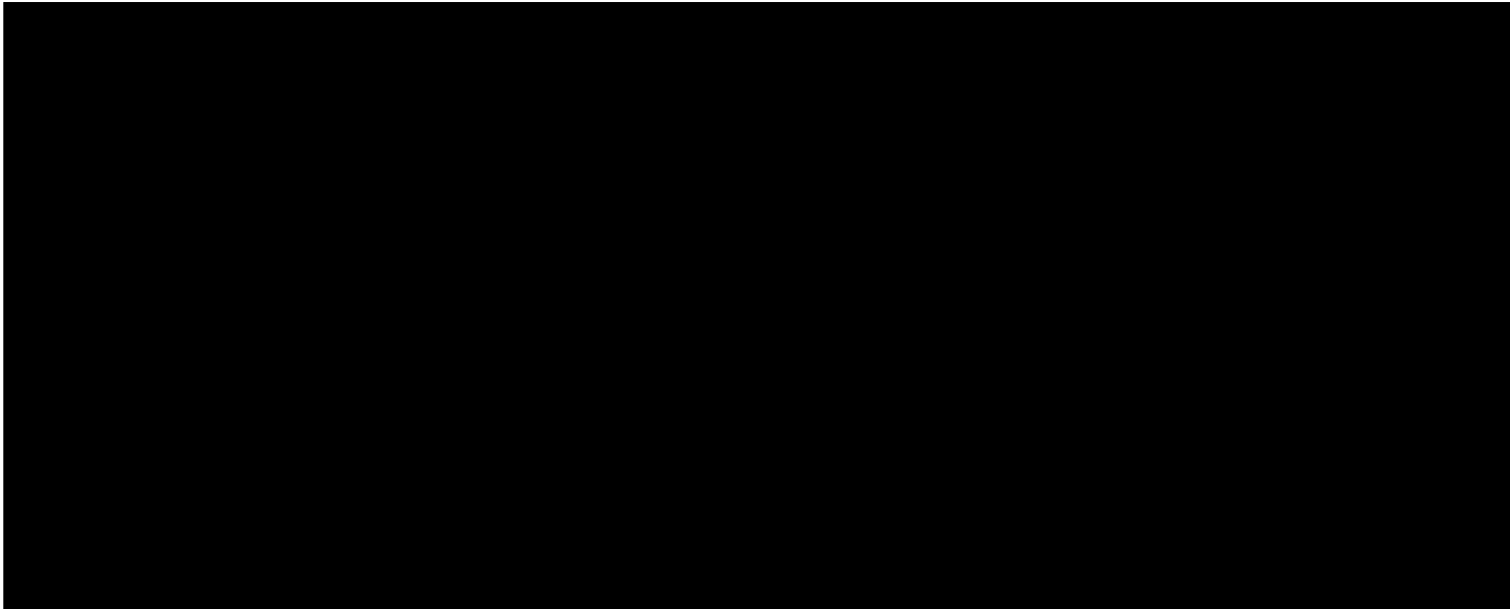
[REDACTED]

[REDACTED]





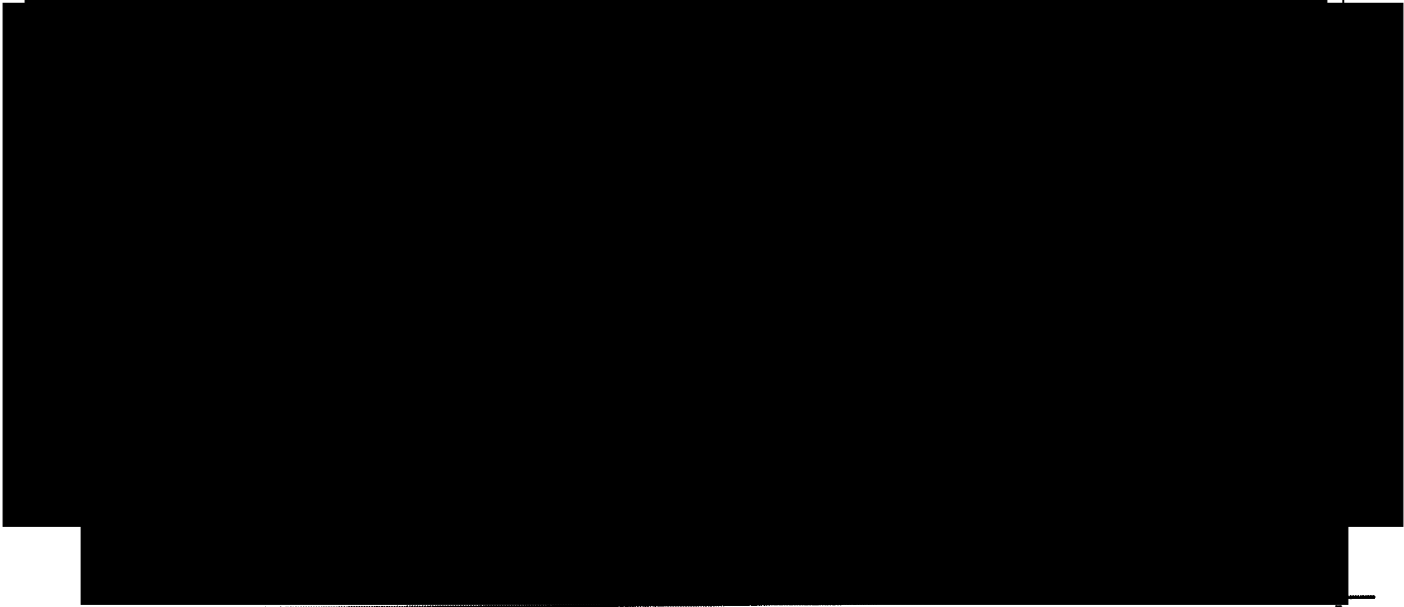
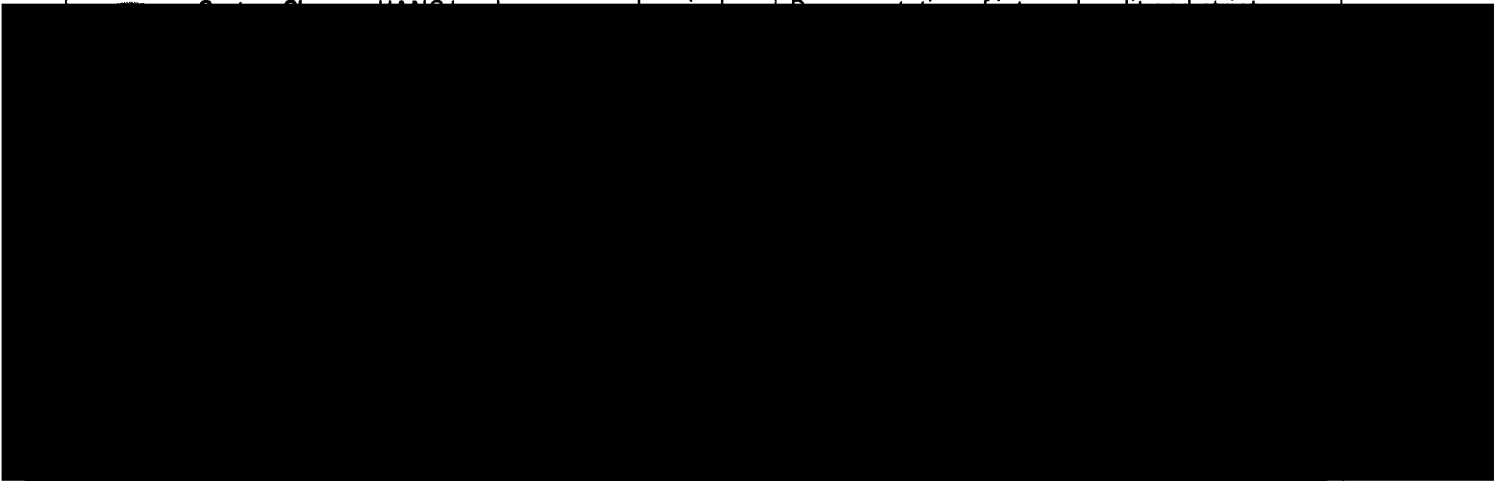
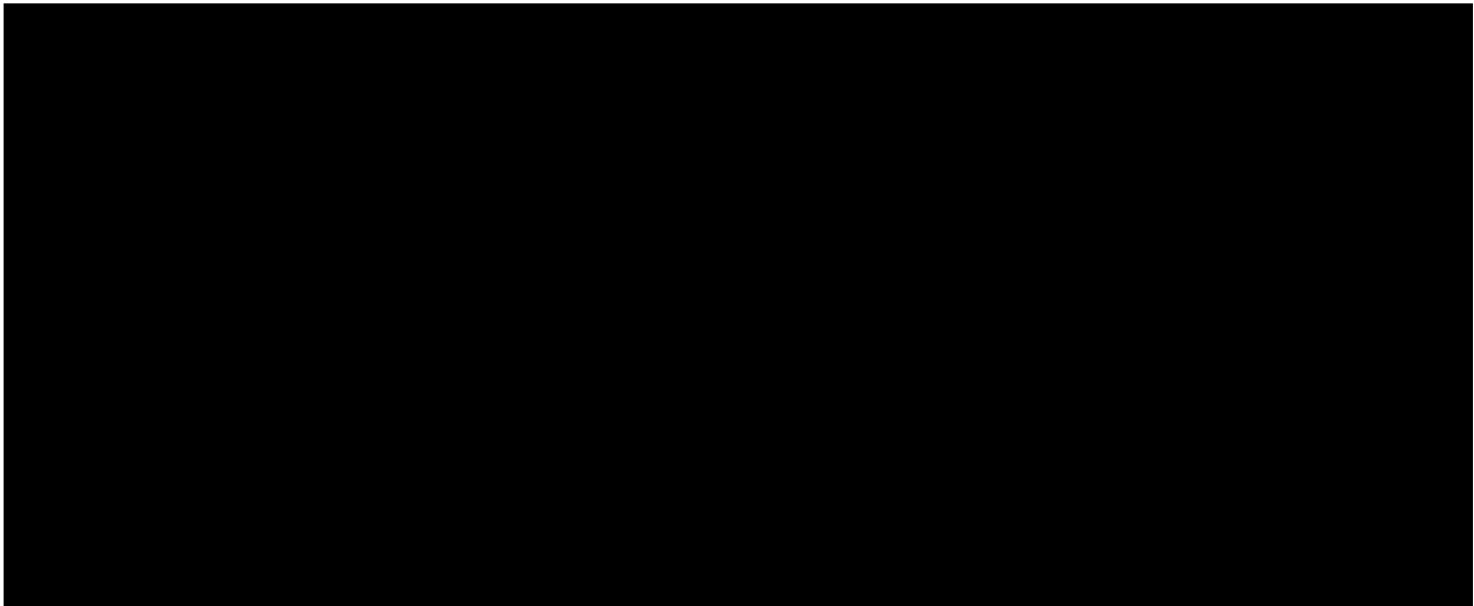




References

HUD Office of Public and Indian Housing
Ms. Sandra Henriquez
Assistant Secretary for Public and Indian
Housing
202-708-0950
Sandra.B.Henriquez@hud.gov

Gregory J. Jungman
Government Technical Monitor
Program Center Coordinator
Oklahoma City Program Center
(405- 609-8562
Greg.J.Jungman@hud.gov



1 b. Key Personnel

[Redacted Content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

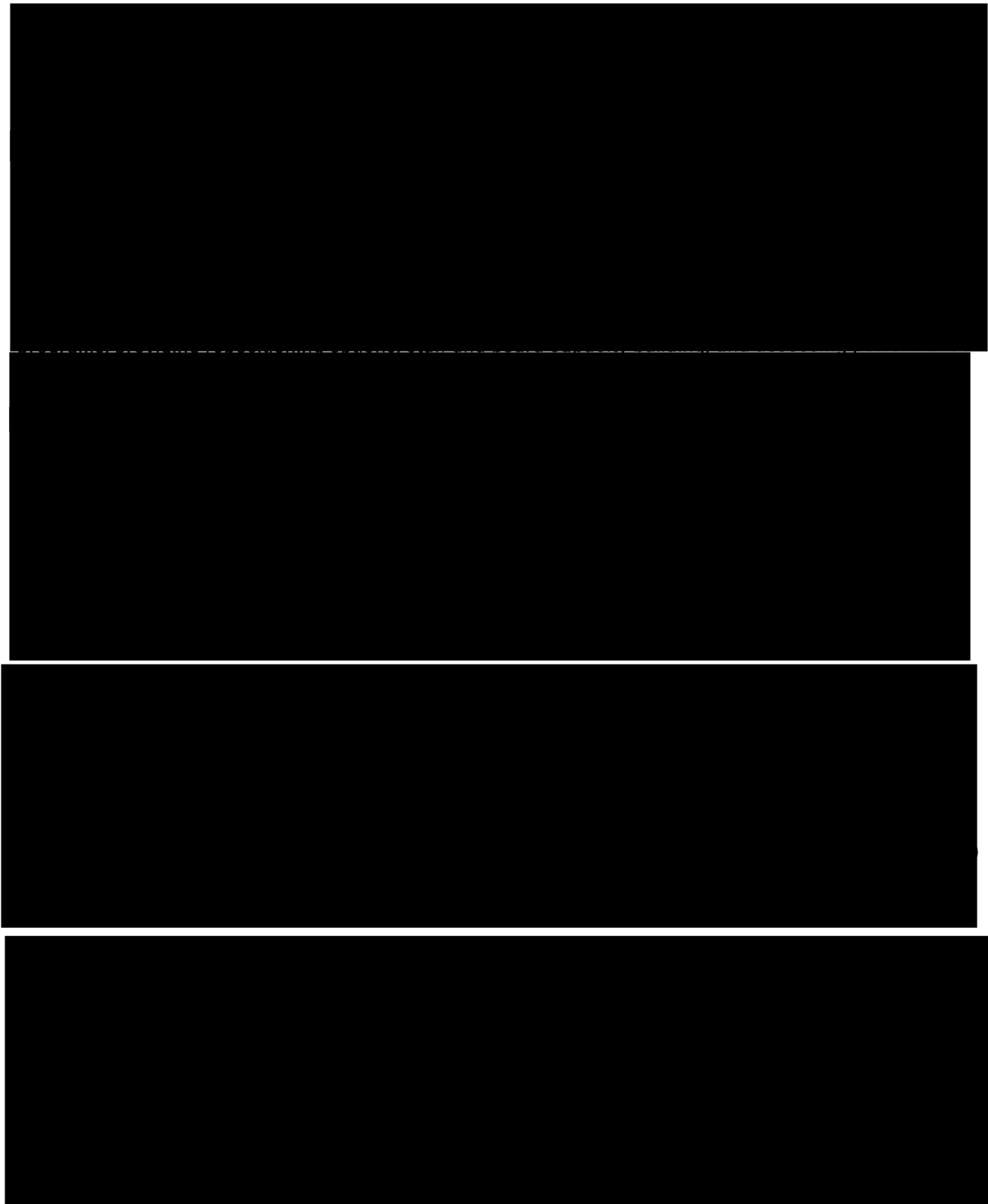
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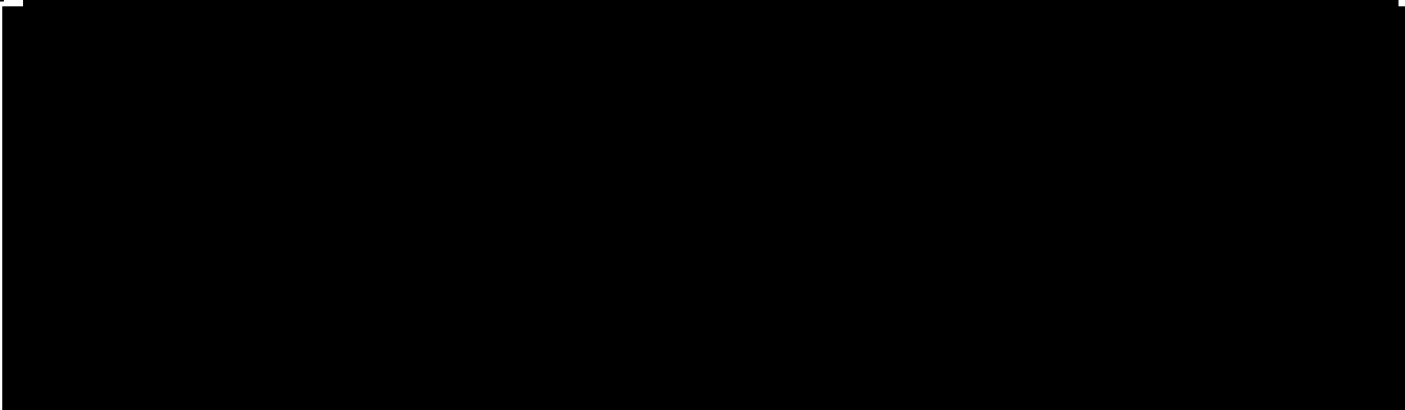
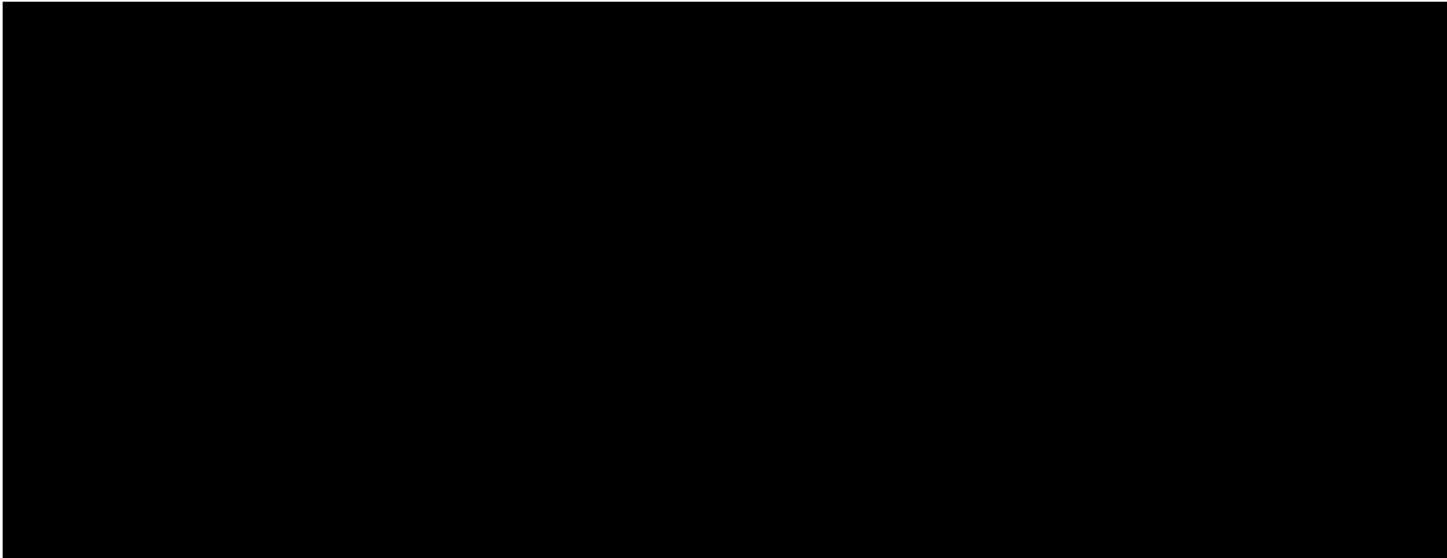
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





Rating Factor 2: Soundness of Approach

2.a. Management

Abt Associates' OneCPD+ management approach reflects our continued commitment to providing HUD and its grantees with a high-quality, comprehensive and efficiently delivered technical assistance and capacity-building program grounded in experience, an analysis of relevant market and program data and evidence of what works. [REDACTED]

Our management approach includes the following [REDACTED]

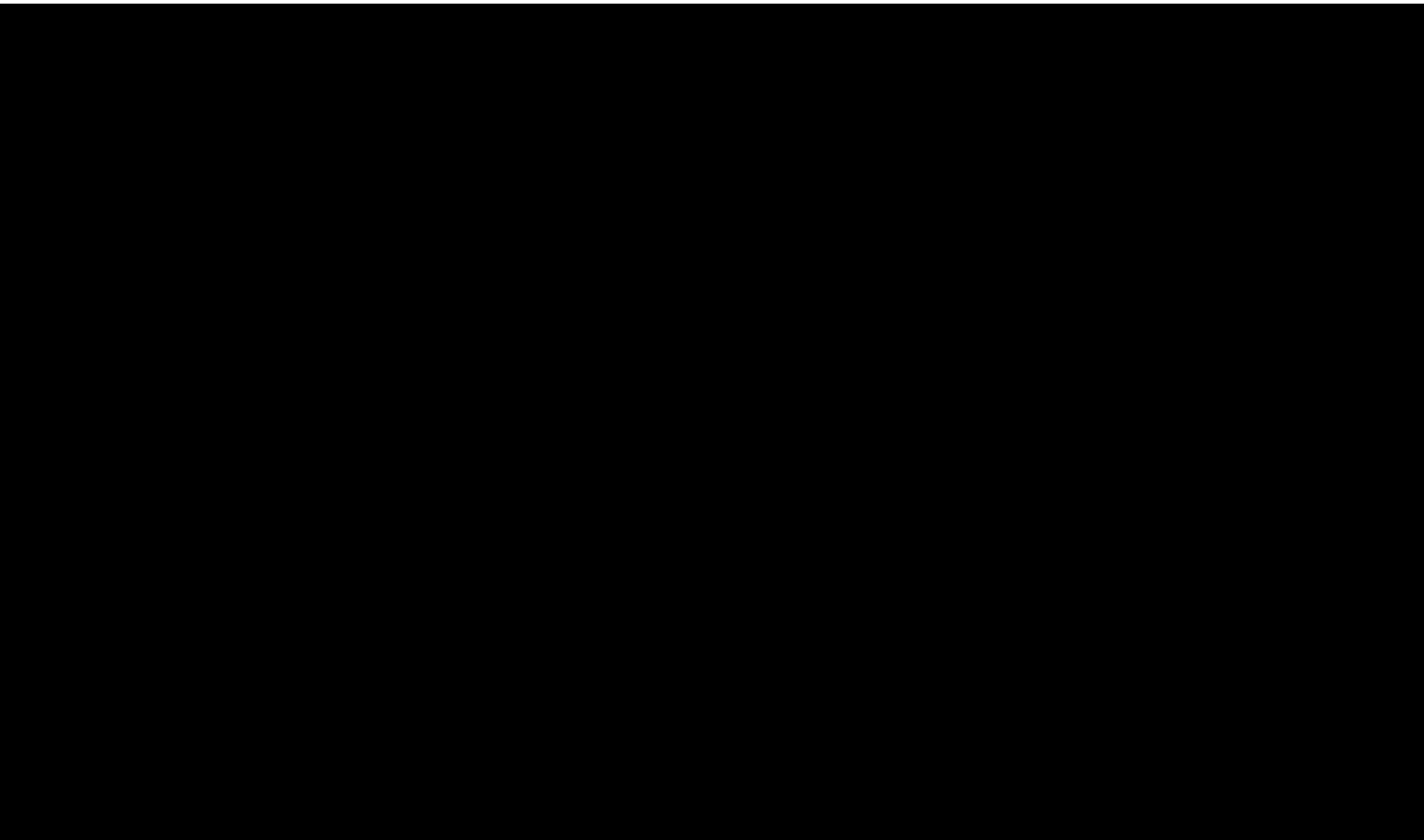
Abt Associates' OneCPD+ Management Team

Abt's proposed management team is comprised of staff with extensive management experience and [REDACTED]

Abt's Management Plan

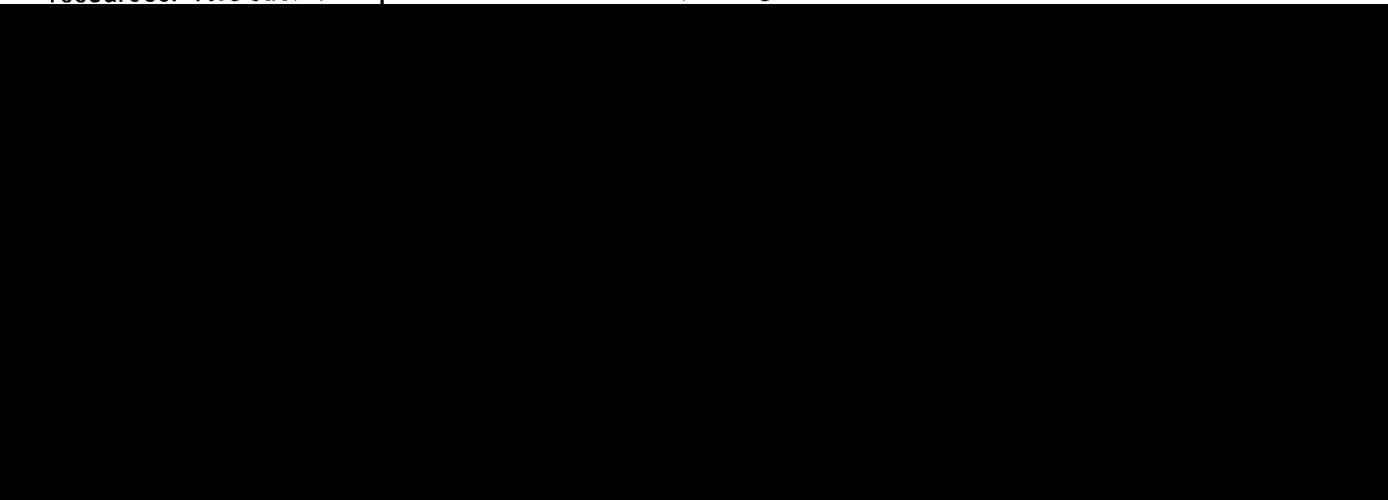
Abt currently manages

This experience has



2.5. HUD policy priorities and potential outcomes

The Abt team is fully prepared to continue supporting HUD program offices in addressing the HUD policy priority of Capacity Building and Knowledge Sharing, as well as meeting the other goals identified in HUD's Strategic Plan. As a longstanding provider of HUD technical assistance, we have focused much of our work on building enduring capacity among grantees and have documented examples in which our work has increased the capacity of HUD's local partners and created new ways to share knowledge and resources. Two such examples are discussed below, linking activities with outcomes.



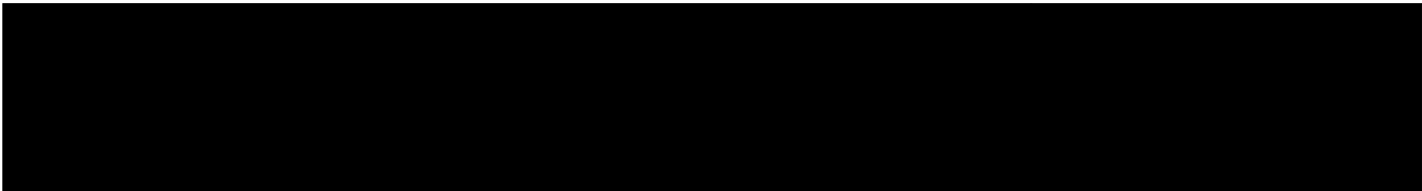


2.c. Technical assistance and capacity building scenario

Abt Associates will develop a workplan for direct TA arrangements and to manage the

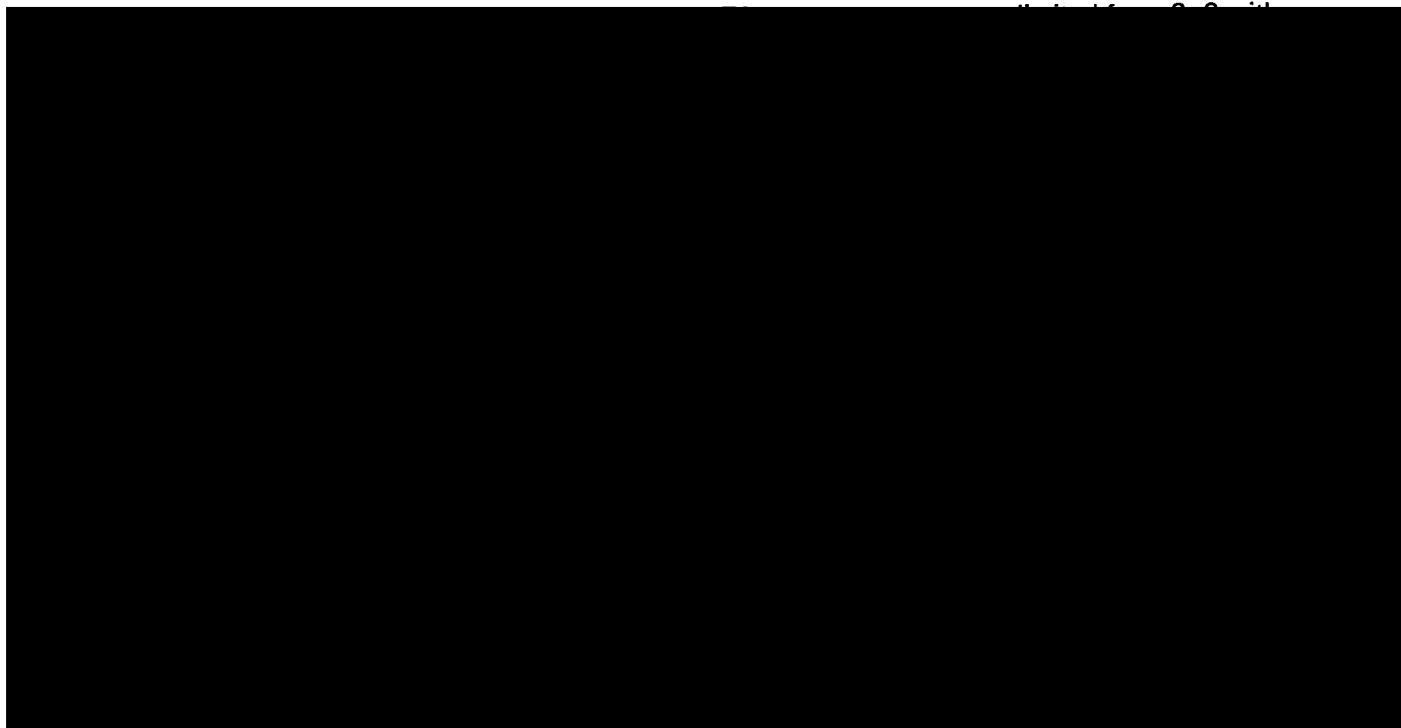


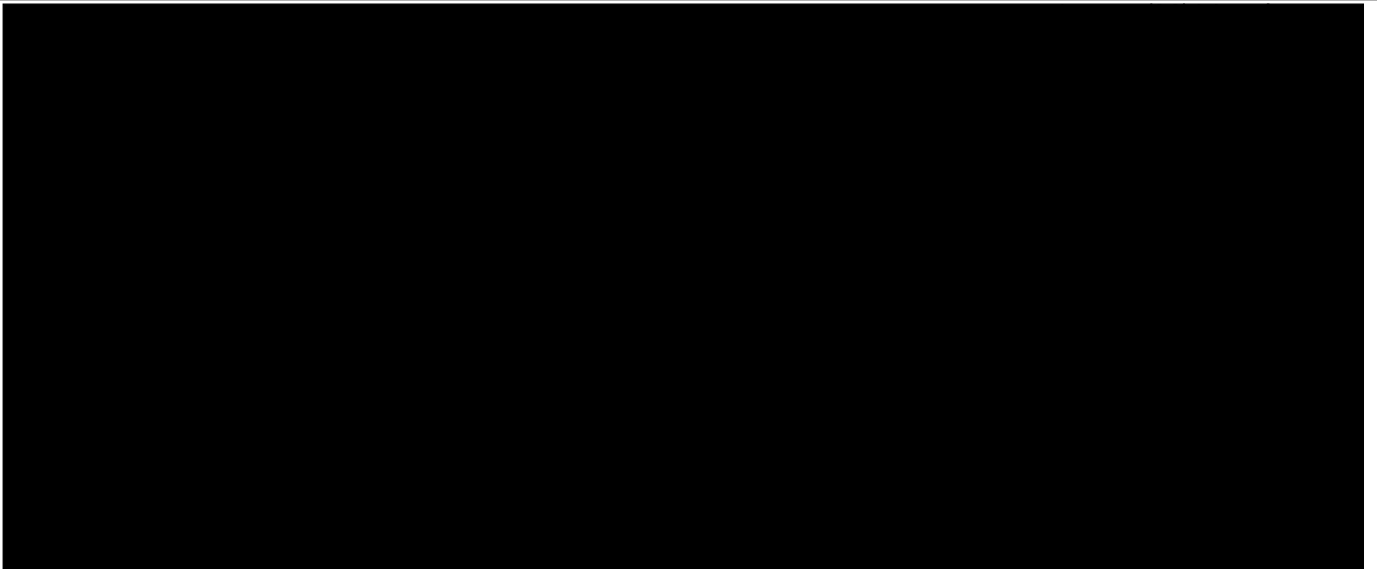
In this section, we provide our proposed workplan to provide direct technical assistance and capacity

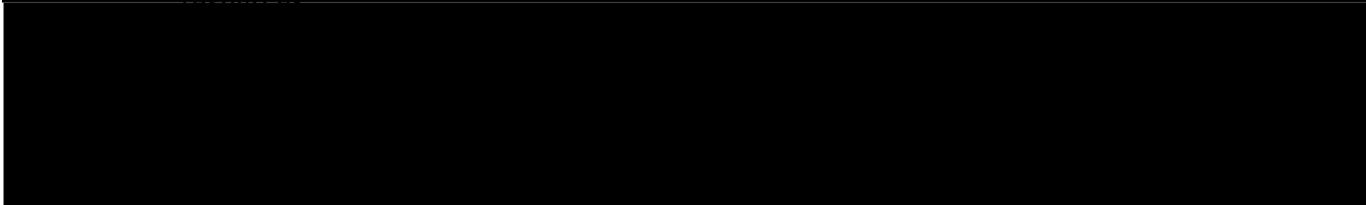
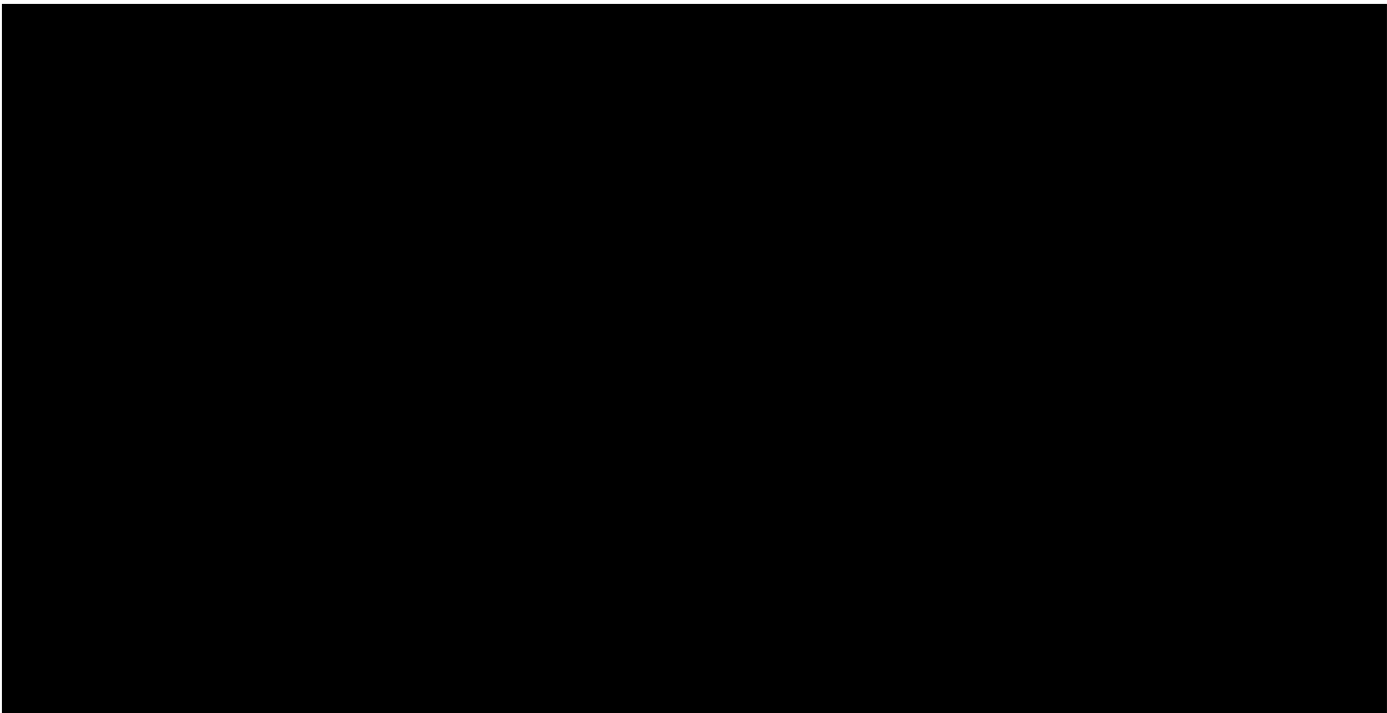
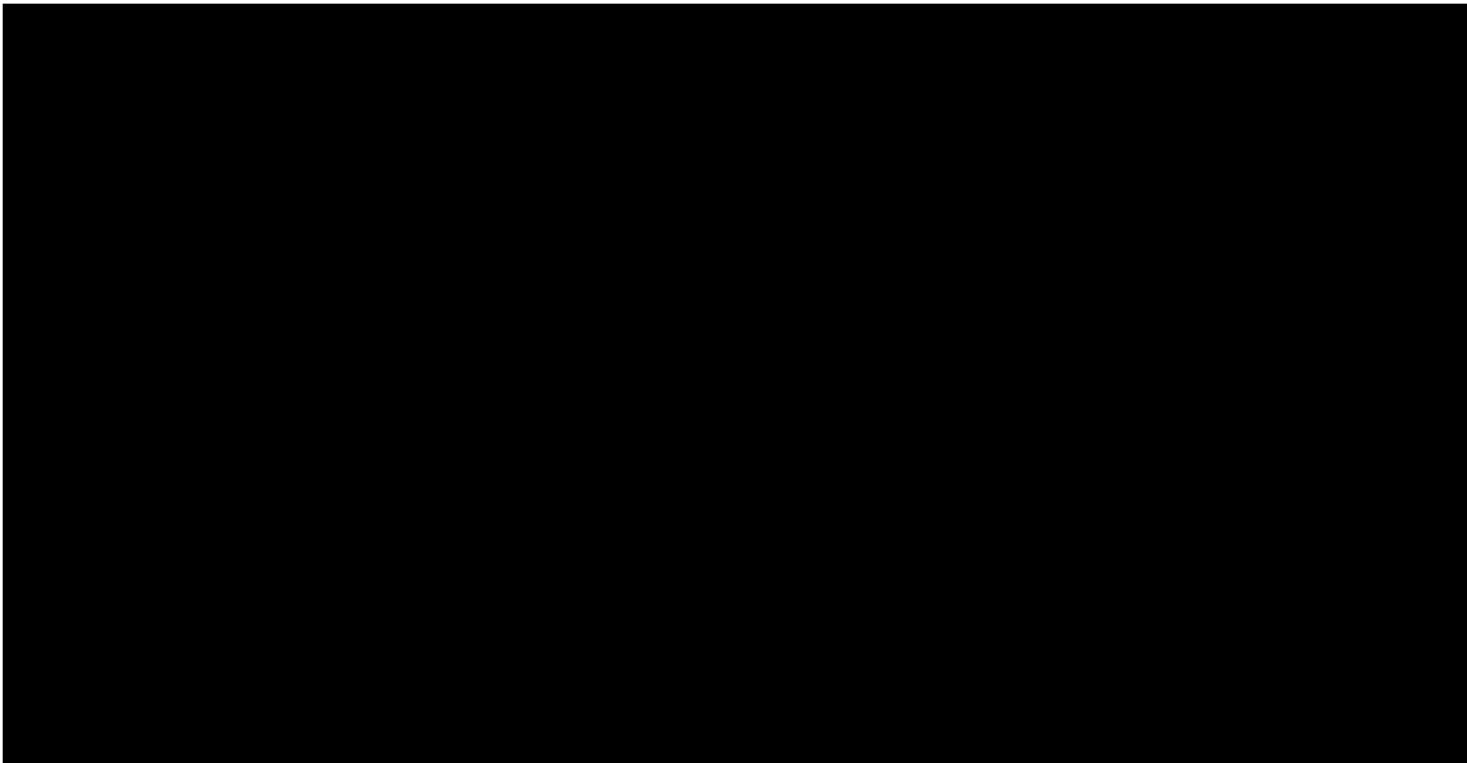


Scope of Work

While the CoC's needs are significant, the proposed workplan is designed to advance the







Rating Factor 3: Program Evaluation and Achieving Results

s.a. Evaluation

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

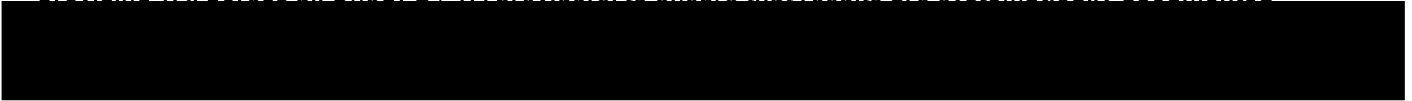
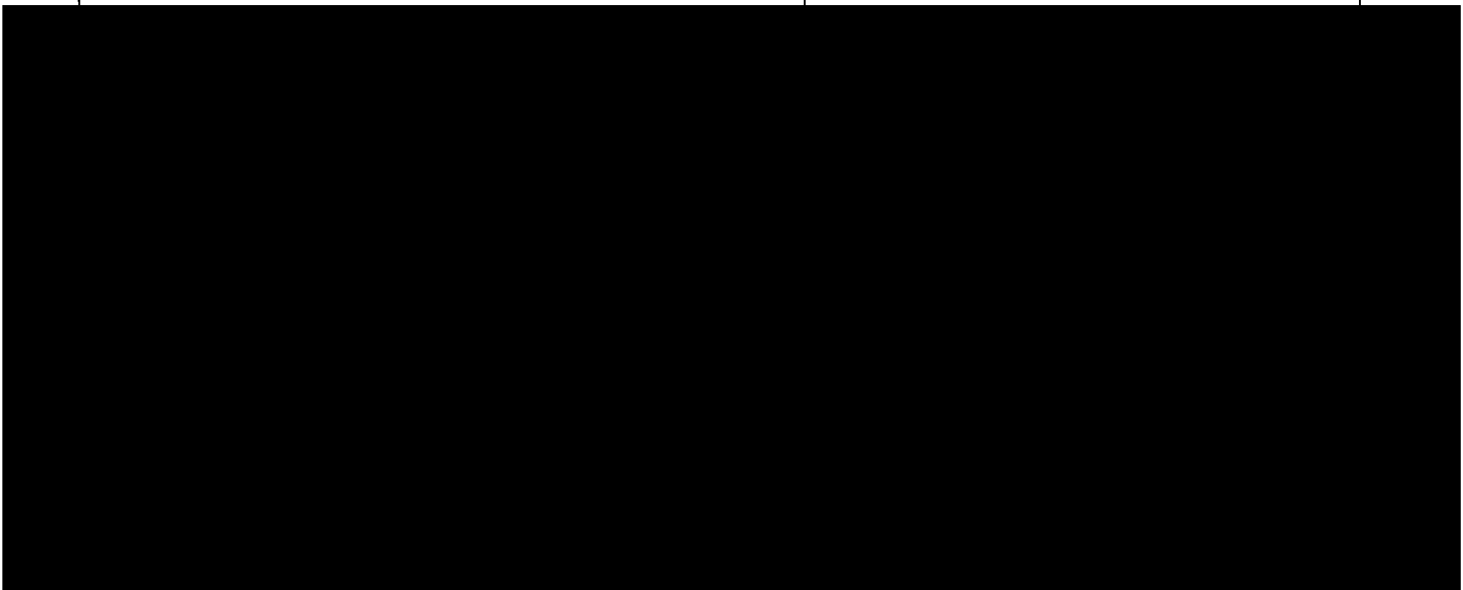
[REDACTED]

[REDACTED]

[REDACTED]

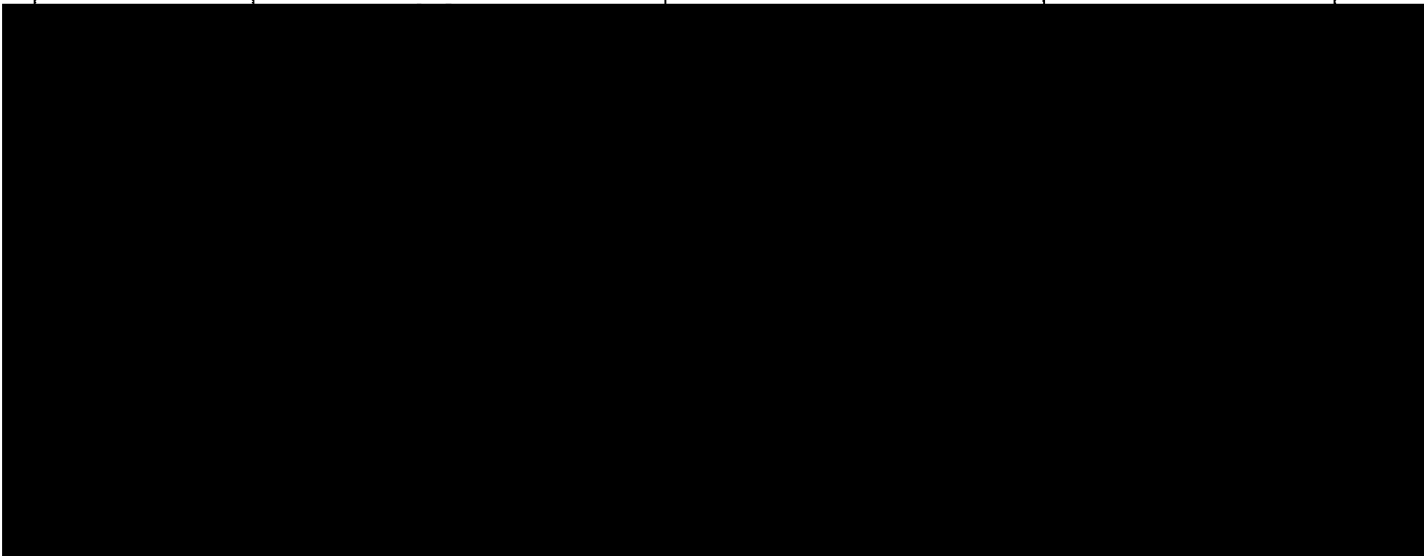
[REDACTED]

[REDACTED]



3.b. Outcomes

Below we identify at least two outcomes for each of the tasks identified in the Koneka County CoC TA case scenario we discuss in Factor 2c.



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 type="checkbox"/> b. grant <input checked="" 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: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> 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: CPD's Transformation Initiative Technical Assistance CFDA Number, if applicable: 14.259	
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: 07/31/2013		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Facsimile Transmittal**1375236757-5775****U. S. Department of Housing
and Urban Development**Office of Department Grants
Management and OversightOMB Number: 2525-0118
Expiration Date: 06/30/2011

Name of Document Transmitting: Abt Associates 2013 OneCPD + TI 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.: 14.259

Title: CPD's Transformation Initiative 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:

CPD's Transformation Initiative Technical Assistance

* 4. Amount of HUD Assistance Requested/Received: \$ 4,000,000.00

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

* Project Name: Abt Associates 2013 OneCPD + TI 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.

Form HUD-2880 (3/99)

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

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

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Form HUD-2880 (3/99)

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

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

(Note: Use Additional pages if necessary.)

Certification

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

* Signature:

* Date: (mm/dd/yyyy)

Mary Joel Holin

07/31/2013

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

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

*** Other (Specify):**

*** 3. Date Received:**

07/31/2013

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:

14.259

CFDA Title:

CPD's Transformation Initiative Technical Assistance

*** 12. Funding Opportunity Number:**

FR-5700-N-19

* Title:

OneCPD Plus: Technical Assistance and Capacity Building under the Transformation Initiative

13. Competition Identification Number:

ONE-19

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

OneCPD Plus: Technical Assistance and Capacity Building under the Transformation Initiative

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="4,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,000,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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:

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	AbtAssociates2013OneCPDTINarr	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	AbtAssociates2013OneCPDTIKnow	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		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