

under this subfactor will be based on the viability and comprehensiveness of your strategies to address electronic information needs.

Your application must describe how the Neighborhood Networks Center or its conversion to Neighborhood Networks will address job training, adult education, using the Internet to make linkages with health care providers, health services, and health information, and youth and after-school programs.

(2) *Budget Appropriateness/Efficient Use of Grant.* (10 Points) The score in this factor will be based on the following:

(a) *Detailed Budget Break-Out.* The extent to which your application includes a detailed budget breakout for each budget category in the SF-424A. Your application must include Chart C: Summary of Budget Line Items, for your proposed activities, and Chart D: Budget Work Plan Summary.

(b) *Reasonable Administrative Costs.* The extent to which your application includes administrative costs at or below the 15 percent administrative cost ceiling.

(c) *Budget Efficiency.* The extent to which your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(d) *Reasonableness of the Timetable.* The score in this factor will be based on a reasonable response that you can accomplish the goals of your proposed NN program. To receive a high score, you must demonstrate that it will make substantial program implementation progress within the first six months after grant execution, including putting staff in place, finalizing partnership arrangements, completing the development of requests for proposals, and achieving other milestones that are prerequisites for implementation of the program. In addition, you must demonstrate that your proposed timetable for all components of the proposed program is feasible considering the size of your award and activities and results that can be accomplished within the 36-month time limit.

(3) *Program Assessment.* (10 Points) The score in this factor will be based on the soundness of your plan to evaluate the success and sustainability of your proposed NN program both at the completion of your program and during program implementation. At a minimum, you must track the goals and objectives of your proposed work plan program. Your application should track specific measurable achievements for the use of program funds, such as

number of residents using proposed computer related services/programs being offered by the NN. Each applicant must describe how the existing computer center or proposed computer center will become a Neighborhood Networks Center and be self-sustaining after the proposed grant period has been completed.

(4) *Resident and Other Partnerships* (10 Points).

(a) *Resident Involvement in NN Program Activities* (4 Points) The score in this factor will be based on the extent of resident involvement in developing and planning for your proposed NN program as well as the extent of proposed resident involvement in implementing your proposed NN program. To receive a high score on this factor, you must describe the involvement of residents in the planning phase for this program, and a commitment to provide continued involvement in grant implementation. For applicants to receive the maximum number of points, a work plan, must be included.

(b) *Other Partnerships.* (3 Points) The score in this factor will be based on the successful integration of partners into implementation of the proposed NN program. To receive a high score, you must provide a signed Memorandum of Understanding (MOU) or other equivalent signed documentation that delineates the roles and responsibilities of each of the parties in your program and the benefits they will receive. Your application should include local partnerships in support of NN activities such as job training, adult education, using the Internet to make linkages with health care providers, health services, and health information, and youth and after school programs. In assessing this subfactor, HUD will examine a number of aspects of the proposed partnership, including:

(i) The division of responsibilities/management structure of your proposed partnership relative to the expertise and resources of your partners;

(ii) The extent to which the partnership as a whole addresses the unmet resident needs; and (iii) The extent to which the addition of the partners provides the ability to meet needs that the applicant could not meet without the partner(s).

(c) *Overall Relationship/Coordination.* (3 Points) For NN applicants, the score in this factor will be based on the extent of coordination between your proposed NN program and any existing or proposed programs within your jurisdiction. To receive points, at a minimum, you must have a narrative description of this collaboration.

Rating Factor 4: Leveraging Resources (10 Points)

This factor addresses your ability to secure community resources (note: financing is a community resource) that can be combined with HUD's program resources to achieve program purposes. You must have at least a 25 percent cash or in-kind match to receive points under this rating factor. Leveraging in excess of the 25 percent of the grant amount will receive a higher point value.

In evaluating this factor HUD will consider the extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25 percent of the NN grant amount proposed in this application. "Firmly committed" means there must be a written agreement with the provider of resources, signed by an official legally able to make commitments on behalf of the organization. The signed, written agreement may be contingent upon you receiving a grant award. Other resources and services may include: the value of in-kind services, contributions or administrative costs provided to the applicant; funds from Federal sources (not including NN funds); funds from any State or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

You must provide evidence of leveraging/partnerships by including in the application letters of firm commitments, Memoranda of Understanding, or agreements to participate from those entities identified as partners in the application. To be firmly committed there must be a written agreement with the provider of resources signed by an official legally able to make commitments on behalf of the organization. This agreement may be contingent upon you receiving a grant award. Each letter of commitment, Memorandum of Understanding, or agreement to participate must include the organization's name, proposed level of commitment and responsibilities as they relate to the proposed program.

Rating Factor 5: Coordination, Self-Sufficiency and Sustainability (10 Points)

This factor addresses the extent to which your program reflects a coordinated, community-based process of identifying needs and building a system to address the needs by using available HUD funding resources and other resources available to the community.

In evaluating this factor HUD will consider the extent to which your application addresses:

(1) *Coordination with the Consolidated Plan* (2 points).

Demonstrates the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially furthers fair housing choice in the community.

(2) *For NN Program Applications, Coordination with the State and/or Local Welfare Plan* (4 Points). Provides evidence that your proposed NN program has been coordinated with and supports the PHA's efforts to reduce welfare dependency coordinated and consistent with the State, or local Welfare Plan.

(3) *Coordination with Other Activities* (4 Points). Demonstrates that in carrying out your program activities, you will develop linkages with: other HUD-funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which, taken as a whole, support and sustain a comprehensive system to address the technology needs of public housing residents.

(F) *Application Selection Process for Service Coordinators*.

Applicants for Service Coordinators are required to address application submission requirements but are not required to address selection factors. Eligibility will be determined by applications that meet the threshold requirements of Section IV of this program section of the SuperNOFA.

If all funds are not awarded in RMBD, CB, HSS, or SC funding categories, funds will be transferred to RSDM funding categories in this competition.

VI. Application Submission Requirements

(A) *All Applications*. All applications for assistance under the ROSS competition for all funding categories must include the forms, certifications and assurances listed in Section IV of the General Section of the SuperNOFA

(collectively referred to as the "standard forms"). These forms are:

SF-424, Application Federal Assistance;

HUD-424M, Federal Assistance Funding Matrix;

SF-424A, Federal Assistance Budget Information—Non Construction;

SF-424B, Assurances for Non-Construction Programs;

HUD Form 50070, Drug-Free Workplace Certification;

HUD Form 50071, Certification of Payments to Influence Federal

Transactions, and if applicable SF-LLL, Disclosure of Lobbying Activities;

HUD Form 2880, Applicant/Recipient Disclosure/Update Report;

HUD Form 2991, Certification of Consistency with the Consolidated Plan;

HUD Form 2992, Certification of Debarment and Suspension;

HUD Form 2993, Acknowledgment of Application Receipt.

The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application items that are forms (*i.e.*, excluding such items as narratives), referred to as the "non-standard forms" can be found as Appendix A to this program section of the SuperNOFA.

All applicants must include the following information regardless of the category under which they are applying for funds.

(1) ROSS Application Cover Sheet;

(2) ROSS Fact Sheet;

(3) ROSS Program Summary;

(4) Certification of Consistency and Compliance with General SuperNOFA Program Requirements;

(5) Match Requirement. (a) You must supplement grant funds with an in-kind and/or cash match of not less than 25 percent of the grant amount. This match does not have to be a cash match. The match may include: the value of in-kind services, contributions or administrative costs provided to the applicant; funds from Federal sources (but not ROSS funds); funds from any State or local government sources; and funds from private contributions. Any services, such as childcare or mentoring, conducted by elderly or persons with disabilities residents who are not TANF participants, will not be counted toward your match requirement. You may also satisfy the match requirement by establishing the in-kind value of computer and office equipment, software and space used for training in computer technology, education/employment and skills development for self-sufficiency training programs such as Twenty/20 Education Communities (TEC Centers) or Neighborhood Networks Centers.

(b) You must demonstrate that the cash or in-kind resources and services, which you will use as match amounts (including resources from a Comprehensive Grant, other governmental units/agencies of any type, and/or private sources, whether for-profit or not-for-profit), are firmly committed and will support the proposed grant activities. "Firmly committed" means there must be a written agreement to provide the resources and services signed by an official legally able to make commitments on behalf of the organization that specifies the cash and/or in-kind assistance to be provided. If offering in-kind assistance, the letter must provide an estimated dollar value for the in-kind services. The written agreement may be contingent upon your receiving a grant award. The following are guidelines for valuing certain types of in-kind contributions:

(i) The value of volunteer time and services shall be computed at a rate of six dollars per hour except that the value of volunteer time and services involving professional and other special skills shall be computed on the basis of the usual and customary hourly rate paid for the service in the community where the activity is located; and

(ii) The value of any donated material, equipment, building, or lease shall be computed based on the fair market value at time of donation. Such value shall be documented by bills of sale, advertised prices, appraisals, or other information for comparable property similarly situated not more than one-year old taken from the community where the item or activity is located, as appropriate. You may also satisfy the match requirement by establishing the in-kind value of computer and office equipment, software and space used for training in computer technology, education/employment and skills development for sufficiency training programs such as Twenty/20 Education Communities (TEC Centers) or Neighborhood Networks Centers.

(B) *RMBD Applications*. Applicants for Resident Management and Business Development grants are required to address application submission requirements, but are not required to address selection factors. A threshold review, and not application submission requirements, will be used for determining eligibility for first-come first serve funding.

All applications for funding under this funding category must contain the following documents and information (Please note that items 1–9 are threshold requirements used to determine awards for this category; item 10 and its

subsections will be used for grant administration):

(1) Your application must contain a written certification that at least 51 percent of the public housing residents to be included in the proposed program are currently eligible to receive, are currently receiving, or have received within the preceding five years, assistance or services funded under the TANF, SSI, food stamp programs, or tribal welfare programs.

(2) Your application must contain a signed Memorandum of Understanding (MOU) between the RA and the PHA or the RO/RMC and the Tribe/TDHE which describes the specific roles, responsibilities and activities to be undertaken by all parties to the MOU. Your MOU, at a minimum must identify the principal parties (*i.e.* the name of the PHA or tribe/TDHE and RA or RO, the terms of agreement), expectations or terms for each party, and indicate that the agreement pertains to the support of your grant application. This document is the basis for the foundation of the relationship between the RA or RO and PHA or tribe/TDHE. The MOU must be precise and outline the specific duties and objectives to be accomplished under the grant. All MOUs must be finalized, dated and signed by duly authorized officials of both the RA or RO and PHA or tribe/TDHE upon submission of the application.

(3) Accessible Community Facility. You must provide written evidence (*e.g.* through an executed use agreement if the facility is to be provided by an entity other than the PHA or tribe/TDHE) that a majority of the proposed activities will be administered at community facilities within easy transportation access (*i.e.*, walking or by direct (no transfers required)), convenient, inexpensive and reliable transportation of the property represented by the PHA or tribe/TDHE. The written agreement must certify that community facilities meet the structural accessibility requirement of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. If a tribe/TDHE is the applicant and is using its own property as a community facility, it is not exempt from this requirement. The tribe/TDHE is still required to provide a narrative to address all details requested for this threshold requirement.

(4) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25 percent of the grant amount. See Section VI(A)(5) of the program section of this SuperNOFA.

(5) For applicants other than Tribes/TDHEs, you must provide either a signed certification from HUD or an

Independent Public Accountant that your financial management system and procurement procedures fully comply with 24 CFR part 84, or your application must contain a signed Contract Administrator Partnership Agreement that you will use the services of a Contract Administrator in administering your grant. Applicants that are troubled PHAs are required to provide written agreement that a Contract Administrator has been retained for the term of the grant. Those tribes/TDHEs that HUD has determined to have difficulty in managing grants will be required to provide a written agreement that a Contract Administrator has been retained for the term of the grant. In cases where the Contract Administrator is the PHA or tribe/TDHE, the Contract Administration responsibilities can be incorporated into the MOU discussed above.

(6) Except for Tribes/TDHEs, if you are a RA/RC/RMC/CWRO you must include evidence that your organization is registered with the State as a nonprofit corporation at the time of application submission or has section 501(c) status with the United States Internal Revenue Service at the time of application. Evidence of State registration shall be a copy of the certificate of incorporation or certificate of good standing from the State Government (*i.e.* Secretary of State or Secretary of Corporations). Evidence of 501(c) status shall be a copy of the IRS 501(c) designation.

(7) Certification of Resident Council Board Elections. If you are a Resident Organization, you must submit certifications of the RA/ROs board election as required by HUD, signed by the local PHA or tribe/TDHE and/or an independent third party monitor and notarized.

(8) List of RAs, ROs or Indian housing residents participating with the City-Wide Resident Organization (CWRO) or tribe/TDHE. You must list in your application, the name(s) of RAs or ROs that will receive services and you must submit letters of support from each RA or RO identified in your application. Your application must describe the Indian housing residents to be served by proposed grant activities.

(9) Physical Improvements. You must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities. You must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair

activities funded under this ROSS competition.

(10) The following are application submission requirements and will not be used for determining eligibility for first-come first serve funding:

(a) Explanations for proposed grant activities must be provided by narrative statements or descriptions;

(b) Resident Management and Business Development grant applications must include a narrative description (two page limit) describing the activities that you will carry out with RMBD grant funds. Your description must include specific goals, objectives and program strategies that will result in successful transition of residents from welfare to work or other proposed grant activities;

(c) Your RMBD application must provide information about the RA or RO, including its history, staff qualifications, and its previous experience (two page limit). For proposed grant staffing, you must include a resume or summary of qualifications for all proposed grant staff:

Chart A—RMBD Program Staffing

Chart B—RMBD Applicant/

Administrator Track Record

Chart C—Summary RMBD Budget line Items

(d) You must provide a summary of a proposed work plan to carry out proposed grant activities. This work plan must include tasks, budgeted amounts, and dates for all activities during the grant period.

Chart D—Budget Workplan Summary.

(C) *Applications for Capacity Building.* All applications for funding under this funding category must contain the following documents and information. Only threshold requirements, and not application submission requirements, will be used for determining eligibility for funding. (Please note that items 1–6 are threshold requirements for a threshold review that will be used to determine awards for this category; items 7–11 will not be used to select awardees):

(1) Except for Tribes/TDHEs applicants, you must provide evidence that your organization has registered with the State as a nonprofit corporation or has 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission.

(2) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25 percent of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(3) In CB applications, you must list in your application the name of the RAs or ROs that will receive training, technical assistance and/or coordinated supportive services and you must submit letters of support from each entity identified in your application.

(4) For applicants other than Tribes/TDHEs, you must provide either a signed certification from HUD or an Independent Public Accountant that your financial management system and procurement procedures fully comply with 24 CFR part 84 or part 85, or your application must contain a signed Contract Administrator Partnership Agreement that you will use the services of a Contract Administrator in administering your grant. Applicants that are troubled PHAs are required to provide written agreement that a Contract Administrator has been retained for the term of the grant. In cases where the Contract Administrator is the PHA the Contract Administration responsibilities can be incorporated into the MOU discussed below.

(5) Your application must contain a signed Memorandum of Understanding (MOU) between the RA or RO and PHA or tribe/TDHE which describes the specific roles, responsibilities and activities to be undertaken by all parties to the MOU. Your MOU, at a minimum, must identify the principal parties (i.e. the name of the PHA or tribe/TDHE and IRO/nonprofit), the terms of agreement, expectations or terms for each party, and indicate that the agreement pertains to the support of your grant application. This document is the basis for the foundation of the relationship between the IRO/nonprofit and PHA or tribe/TDHE. The MOU must be precise and outline the specific duties and objectives to be accomplished under the grant. All MOUs must be finalized, dated and signed by duly authorized officials of both the IRO/nonprofit and PHA or tribe/TDHE upon submission of the application.

(6) You must provide written evidence (e.g. through an executed space use agreement if the facility is to be provided by an entity other than the PHA or tribe/TDHE) that proposed CB activities or training will take place. The community facilities must be within easy transportation access (i.e., walking or by direct (no transfers required)), convenient, inexpensive and reliable transportation of the property represented by the PHA or tribe/TDHE. The written agreement must certify that community facilities meet the structural accessibility requirement of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. If a tribe/TDHE is the applicant

and is using its own property as a community facility, it is not exempt from this requirement. The tribe/TDHE is still required to provide a narrative to address all details requested for this threshold requirement.

The following are application submission requirements. Only threshold requirements, and not application submission requirements, will be used to determine eligibility for first-come first serve funding.

(7) Explanations for proposed grant activities must be provided by narrative statements or descriptions as well as the forms indicated below.

(8) Needs Assessment. For the CB grant applications you must provide a narrative description of proposed activities that addresses the following information:

(a) A description of the geographic boundaries of the RAs, ROs, RMCs, or tribes/TDHEs included in the application;

(b) A description of the public or Indian housing community;

(c) A detailed description of the issues or problems involved with each RA or RO to be served by the grant; and

(d) The resources that are currently being devoted to the problem or issue under consideration.

(9) Proposed Program Activities. CB grant applications must include a narrative description describing the activities that you will carry out with CB grant funds. Your description must include specific goals, objectives and program strategies that will result in successful proposed grant activities;

(10) Experience and Staffing. Your CB grant application must provide information about the your organization, including its history, staff qualifications, and its previous experience (two page limit). For proposed grant staffing, you must include a resume or summary of qualifications for all proposed grant staff:

Chart A—CB Program Staffing

Chart B—CB Applicant/Administrator Track Record

Chart C—Summary CB Budget Line Items

(11) Budget and Cost Information.

You must provide a summary of your proposed work plan to carry out your proposed grant activities. The work plan must include tasks/activities, budgeted amounts, and start and end dates for all activities during the grant period.

Chart D—Budget Workplan Summary

(D) Application Submission Requirements for Resident Service Delivery Models. All applications for funding under this funding category must contain the following documents

and information (Please note that items 1–10 are threshold requirements for a threshold review and responses to factors of award will be used to determine scoring of rating and ranking factors for this category):

(1) Your application must contain a written certification that at least 51 percent of the public housing residents to be included in the proposed program are currently eligible to receive, are currently receiving, or have received within the preceding five years, assistance or services funded under the TANF, SSI, food stamp programs or tribal welfare programs.

(2) Elderly and/or Persons with Disabilities Housing Development Certification. A certification that at least 25 percent of the residents of the development(s) proposed for grant activities are elderly and/or non-elderly people with disabilities at the time of application.

(3) Accessible Community Facility. You must provide evidence (e.g. through an executed use agreement if the facility is to be provided by an entity other than the PHA or tribe/TDHE) that a majority of the proposed activities will be administered at community facilities within easy transportation access (i.e., walking or by direct (no transfers required)), convenient, inexpensive and reliable transportation of the property represented by the PHA or tribe/TDHE. The written agreement must certify that the community facilities meet the structural accessibility requirements of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. If a tribe/TDHE is the applicant and is using its own property as a community facility, it is not exempt from this requirement. The tribe/TDHE is still required to provide a narrative to address all details requested for this threshold requirement.

(4) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25 percent of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(5) Physical Improvements. You must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities. You must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this ROSS competition.

(6) Except for PHA's or tribes/TDHEs, you must provide either a signed certification from HUD or an

Independent Public Accountant that your financial management system and procurement procedures fully comply with 24 CFR part 84 or 85, or your application must contain a signed Contract Administrator Partnership Agreement that you will use the services of a Contract Administrator in administering your grant. Applicants that are troubled PHAs are required to provide evidence that a Contract Administrator has been retained for the term of the grant. In cases where the Contract Administrator is the PHA, the Contract Administration responsibilities can be incorporated into the MOU discussed below.

(7) Applicant Non-Profit Status. Except for PHAs or tribes/TDHEs, you must provide evidence that the applicant is registered with the State as a nonprofit corporation or has 501(c) status with the United States Internal Revenue Service at the time of application submission. Evidence of State registration shall be a copy of the certificate of incorporation or certificate of good standing from the State Government (i.e. Secretary of State or Secretary of Corporations). Evidence of 501(c) status shall be a copy of the IRS 501(c) designation.

(8) Certification of Resident Council Board Elections.

(9) List of RAs or ROs Receiving Support. In RSDM applications you must list in your application the name of the RAs or ROs that will receive training, technical assistance and/or coordinated supportive services and must submit letters of support from each entity identified in your application.

(10) Responses to Factors of Award may be narrative statements or descriptions and the forms indicated below:

Factor 1—Capacity of the Applicant and Relevant Organizational Experience;

Chart A—Program Staffing

Chart B—Applicant/Administrator Track Record

Factor 2—Need/Extent of the Problem;

Chart C—Summary Budget line Items

Chart D—Budget Workplan Summary

Factor 3—Soundness of Approach;

Factor 4—Leveraging Resources; and

Factor 5—Coordination, Self-Sufficiency and Sustainability.

Certification of Consistency with the Consolidated Plan

Bonus Points

Certification of Consistency with the RC/EZ/EC Strategic Plan

(E) *Application Submission*

Requirements for Homeownership Supportive Services. All applications for funding under this funding category must contain the following documents

and information (Please note that items 1–5 are threshold requirements for a threshold review and responses to factors of award will be used to determine scoring of rating and ranking factors for this category):

(1) Your application must contain a written certification that at least 51 percent of the public housing residents to be included in the proposed program are currently eligible to receive, are currently receiving, or have received within the preceding five years, assistance or services funded under the TANF, SSI, or food stamp programs.

(2) Your application must provide evidence that the targeted population of public housing residents to be served by the proposed grant (a) were beneficiaries of a previously awarded ROSS grant between FY 1999 and FY 2000, or a state or local self-sufficiency program, (b) participates in a public housing family self-sufficiency program funded from operating subsidies, (c) had increases in earned income of at least 35% over a base year, and (d) achieved a level of income that is within the acceptable range of the local minimum income required for the purchase of a home in the local area.

(3) You must provide evidence (e.g. through an executed use agreement if the facility is to be provided by an entity other than the PHA) that a majority of the proposed activities will be administered at accessible community facilities within easy transportation access (i.e., walking or by direct (no transfers required)), convenient, inexpensive and reliable transportation) of the property represented by the PHA. The written agreement must certify that the community facilities meet the structural accessibility requirements of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990.

(4) Physical Improvements. You must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities. You must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this ROSS competition.

(5) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25 percent of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(6) Responses to Factors of Award may be narrative statements or

descriptions and the forms indicated below:

Factor 1—Capacity of the Applicant and Relevant Organizational Experience;

Chart A—Program Staffing.

Chart B—Applicant/Administrator Track Record.

Factor 2—Need/Extent of the Problem;

Factor 3—Soundness of Approach;

Chart C—Summary Budget line Items.

Chart D—Budget Work plan Summary.

Factor 4—Leveraging Resources; and

Factor 5—Coordination, Self-Sufficiency and Sustainability.

Certification of Consistency with the Consolidated Plan

Bonus Points

Certification of Consistency with the RC/EZ/EC Strategic Plan.

(F) *Application Submission*

Requirements for Neighborhood

Networks Centers. All applications for

funding under this funding category must contain the following documents and information (Please note that items 1–5 are threshold requirements that will be used for a threshold review and responses to factors of award will be used to determine scores for rating and ranking for this category);

(1) Your application must contain a written certification that at least 51 percent of the public housing residents to be included in the proposed program are currently eligible to receive, are currently receiving, or have received within the preceding five years, assistance or services funded under the TANF, SSI, or food stamp programs.

(2) Accessible Community Facility. You must provide written evidence (e.g. through an executed use agreement if the facility is to be provided by an entity other than the PHA that a majority of the proposed activities will be administered at community facilities within easy transportation access (i.e., walking or by direct (no transfers required)), convenient, inexpensive and reliable transportation) of the property represented by the PHA. The written agreement must certify that community facilities meet the structural accessibility requirement of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990.

(3) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25 percent of the grant amount. See Section VI(A)(5) of the program section of this SuperNOFA.

(4) You must have an approved financial management system and procurement procedures. As evidence of your approved financial management or procurement system, you must provide

a copy of your latest audit report indicating that there are no deficiencies in either area and that your financial management system and procurement procedures fully comply with 24 CFR part 85. Applicants that are troubled PHAs are required to provide written agreement that a Contract Administrator has been retained for the term of the grant.

(5) Physical Improvements. You must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities. You must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this ROSS competition. The following are application submission requirements and will not be used for determining eligibility for funding.

(6) Responses to Factors of Award may be narrative statements or descriptions and the forms indicated below:

Factor 1—Capacity of the Applicant and Relevant Organizational Experience;
 Chart A—Program Staffing
 Chart B—Applicant/Administrator Track Record
 Factor 2—Need/Extent of the Problem;
 Factor 3—Soundness of Approach;
 Chart C—Summary Budget line Items
 Chart D—Budget Work plan Summary
 Factor 4—Leveraging Resources; and
 Factor 5—Coordination, Self-Sufficiency and Sustainability.

Certification of Consistency with the Consolidated Plan

Bonus Points

Certification of Consistency with the RC/EZ/EC Strategic Plan.

(G) *Application Submission Requirements for Public Housing Service Coordinators for the Elderly and Persons with Disabilities*. All applications for funding under this funding category must contain the following documents and information (Please note that items 1–2 are threshold requirements for a threshold review to be used to determine renewal funding for this category):

(1) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25 percent of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(2) SC Request Letter Format.

The following are application submission requirements. Only threshold requirements, and not application submission requirements, will be used for determining eligibility for renewal funding.

(3) Evidence of comparable salaries in local area; and

(4) Lead Agency letter format (if appropriate);

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

VIII. Environmental Requirements

It is anticipated that most activities under this ROSS funding will be categorically excluded under 24 CFR 58.34(a)(3) or (a)(9), 58.35(b)(2) or (b)(4), 50.19(b)(3), (b)(9), (b)(12), or (b)(14). An applicant proposing any long-term leasing, or physical development activities is prohibited from rehabilitating, converting, leasing, repairing or constructing property, or committing or expending HUD or non-HUD funds for these types of program activities, until one of the following has occurred:

(1) If the grantee is not a PHA or tribe/TDHE, HUD has completed an environmental review to the extent required by 24 CFR part 50, prior to grant award.

(2) If the grantee is a PHA or tribe/TDHE, HUD has approved the grantee's Request for Release of Funds (HUD Form 7015.15) following a Responsible Entity's completion of an environmental review under 24 CFR part 58, where required, or if HUD has determined in accordance with § 58.11 to perform the environmental review itself under part 50, HUD has completed the environmental review.

IX. Authority

Section 34 of the U.S. Housing Act of 1937 and 24 CFR 964.

Appendix B

The non-standard forms, which follow, are required for the ROSS application.

BILLING CODE 4210-32-P

APPENDIX A

ROSS PERFORMANCE MEASURES FOR THE FY 2002 ROSS NOFA

ROSS Funding Category	OUTPUTS	PERFORMANCE MEASURE (S)	OUTCOMES
RMBD	Deliver training sessions	<ul style="list-style-type: none"> • Number of residents enrolled or recruited; • Number of residents completing training; • Number of training sessions completed 	Increased capacity and skills
	Develop Business Plans	<ul style="list-style-type: none"> • Number of business plans completed 	Generate new business opportunities
	Deliver technical assistance	<ul style="list-style-type: none"> • Number of technical assistance sessions completed 	Increased management and leadership skills
	Deliver Supportive Services	<ul style="list-style-type: none"> • Number of new services provided by the ROSS grant; • Number of residents served 	Increased resident opportunities in local welfare to work and other self sufficiency programs
CB	Complete training sessions	<ul style="list-style-type: none"> • Number of residents enrolled or recruited; • Number of residents completing training; • Number of training sessions completed 	Increase resident participation and involvement
RSDM	Deliver training sessions	<ul style="list-style-type: none"> • Number of residents enrolled or recruited; • Number of residents completing training; • Number of training sessions completed 	Increased capacity and skills
	Complete training related to entrepreneurship	<ul style="list-style-type: none"> • Number of training sessions completed • Number of Business plans completed 	Increase knowledge, skills or capacity
	Establish a Revolving Loan Fund	<ul style="list-style-type: none"> • Number of loans made • Status of loans made (i.e., current, outstanding, paid-off, delinquent) 	Increased access to financing and resources
	Deliver Supportive Services	<ul style="list-style-type: none"> • Number of new services provided by the ROSS grant; • Number of residents served 	Increased resident opportunities in local welfare to work and other self sufficiency programs

ROSS Funding Category	OUTPUTS	PERFORMANCE MEASURE (S)	OUTCOMES
HSS	Deliver Homeownership Counseling	<ul style="list-style-type: none"> • Number of residents recruited or enrolled; • Number of homeownership counseling sessions held; • Number of residents completing homeownership counseling; • Number of residents moving from renting to homeownership. 	Movement from self sufficiency programs to homeownership
NN	Deliver Computer Technology and Support	<ul style="list-style-type: none"> • Number of computer technology centers established; • Number of computer technology centers upgraded; • Number of residents using technology center. 	
SC	Deliver Supportive Services	<ul style="list-style-type: none"> • Number of new services provided by the ROSS grant; • Number of residents served 	Improved quality of life for elderly residents and persons with disabilities

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY
PROGRAM**

**APPLICATION FOR FY 2002 FUNDING
COVER SHEET**

Funding Category (Check ONE):

- Resident Management and Business Development
- Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

**Submitted
By:**

(Applicant Name)

**Contact
Person:**

Telephone: ()

Delivered To:

(HUD Field Office)

Date:

PLEASE USE THIS PAGE AS COVER PAGE

ROSS FY 2002 FUNDING**FACT SHEET****Applicant Information**

Applicant: _____

Applicant Type: ___PHA ___RA ___IRO ___NONPROFIT ___TRIBE/TDHE

HUD Region: _____ State: _____ HUD Field Office: _____

Contact

Name/Title _____

Street Address _____

City/State/Zip _____

Telephone No. () _____

Fax No. () _____

Assistance for which the applicant is applying:

- Resident Management and Business Development
 Capacity Building
 Resident Service Delivery Models
 Homeownership Supportive Services
 Neighborhood Networks
 Service Coordinator Renewal

Unit Count

_____ Total number of conventional public housing units under management**
 (excluding any Section 8)

_____ Total number of family-occupied conventional public housing units.

_____ Total number of elderly/disabled-occupied conventional public housing units.

****Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

ROSS FY 2002 FUNDING
FACT SHEET (continued)

SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: _____

Does the organization have block captains? Yes ___ No ___

Does the organization have an operating committee? Yes ___ No ___

For any previous ROSS grants you have received, you must note the Fiscal Year, ROSS Category (RSDM, RMBD, etc.), and Award Amount.

OMB Approval No. 2577-0221

ROSS FY 2002 FUNDING

PROGRAM SUMMARY

Applicant: _____ **Date:** _____

Applicant type: ___ PHA ___ RA ___ IRO ___ NONPROFIT ___ TRIBE/TDHE

Funding Category: _____

This narrative will be used for congressional notification and will serve as the official program summary.

A. Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

ROSS FY 2002 FUNDING

PROGRAM SUMMARY (continued)

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____

Partner's Address

TOTAL	_____	_____
-------	-------	-------

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

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

(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

APPLICATION CHECKLIST

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this _____ day of _____, 2002.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: _____

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

COVER MATERIALS (See Part II of this application kit for forms in this tab.)

- Table of Contents _____
- Application Checklist _____
- Application for Federal Assistance (Form SF-424) _____
- Federal Assistance Funding Matrix (Form HUD-424M) _____
- Standard Form for Budget Information—Non-Construction Programs (Form SF-424A) _____
- Assurances—Non-Construction Programs (Form SF-424B) _____
- ROSS Fact Sheet _____
- ROSS Program Summary _____
- Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements _____

TAB 1: Threshold Requirements

- Threshold Checklist _____
- RMBD Certification on Residents Affected by Welfare Reform _____

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

APPLICATION CHECK LIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Memorandum of Understanding (MOU) for Partnership between Applicant and PHA/tribe/TDHE	_____	_____
<input type="checkbox"/> Accessible Community Facility - Executed Use Agreement	_____	_____
<input type="checkbox"/> Match Agreements – Not less than 25% of grant requested	_____	_____
<input type="checkbox"/> Certification of Compliance with 24 CFR Part 84 or Contract Administrator Signed Statement (not tribes/TDHEs)	_____	_____
<input type="checkbox"/> Proof of Applicant Nonprofit Status – Copy of Certification of Incorporation or Good Standing from the State or Copy of IRS 501 (c) designation (not tribes/TDHEs)	_____	_____
<input type="checkbox"/> Certification of Resident Council Board Election	_____	_____
<input type="checkbox"/> List of RAs To Receive Support and Letters of Support from RAs	_____	_____
<input type="checkbox"/> Physical Improvements (Only for applicants proposing physical improvements) --A description of the renovation or conversion to be conducted, along with a budget and timetable for those activities. --A firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this competition.	_____	_____
<input type="checkbox"/> Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements	_____	_____

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

APPLICATION CHECK LIST (Continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

TAB 2: Program Description and Budget

- Program Activities Description—Narrative _____
- Your Resident Organization and it's History—Narrative _____
- Chart A: RMBD Program Staffing _____
- Resumes or summary of proposed staff's qualifications _____
- Chart B: RMBD Applicant/Administrator Track Record _____
- Chart C: RMBD Summary Budget Line Items _____
- Summary of Proposed Work Plan _____
- Chart D: RMBD Budget Work Plan Summary, Parts I and II _____

**TAB 3: Other Certifications and Assurances
(See Part VII of this Application Kit for all forms in this tab.)**

- Certification for a Drug-Free Workplace (Form HUD-50070) _____
- Certification of Payments to Influence Federal Transactions (Form HUD-50071), and if applicable, Disclosure of Lobbying Activities (Form SF- LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A) _____
- Applicant/Recipient Disclosure/Update Report (Form HUD-2880) _____
- Certification Regarding Debarment and Suspension (Form HUD-2992) _____
- Acknowledgment of Application Receipt (Form HUD-2993) _____

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

THRESHOLD CHECKLIST

Applicant: _____

Date: _____

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See NOFA, Section VI (A) & (B) (1-9) and SuperNOFA, General Section II.) *Note: Items marked with an * do not apply to tribes/TDHEs.*

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1. Certification on Residents Affected by Welfare Reform	_____	_____
2. Memorandum of Understanding (MOU) for Partnership between Applicant and PHA/tribe/TDHE	_____	_____
3. Accessible Community Facility - Executed Use Agreement or MOU	_____	_____
4. Match Agreements	_____	_____
5. *Certification of Compliance with 24 CFR Part 84 or Contract Administrator Signed Statement	_____	_____
6. *Proof of Applicant Nonprofit Status (State or IRS)	_____	_____
7. Certification of Resident Council Board Election	_____	_____
8. List of RAs to Receive Support and Letters of Support From RAs (CWRO applicants only)	_____	_____
9. Physical Improvements--Description, Budget, Timetable, and Firm Commitments for Service Provision (Only for applicants proposing physical improvements)	_____	_____

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Applicant: _____

Date: _____

THRESHOLD REQUIREMENTS

1. Focus on Residents Affected by Welfare Reform. Your RMBD application must contain the following written certification that at least 51% of residents to be included in your proposed program are affected by welfare reform.

**RMBD CERTIFICATION ON RESIDENTS AFFECTED
BY WELFARE REFORM**

I certify that a total of _____ people reside in the housing developments listed below, which are targeted for activities during the proposed RMBD grant.

This proposed RMBD grant will serve a total of _____ residents. Included in the recipients to be served are residents affected by welfare reform who are:

(1) Currently eligible to receive, are currently receiving, or shall have received within the preceding 4 years assistance or services funded under Temporary Assistance for Needy Families (TANF), SSI, or Food Stamps.

(2) Elderly or disabled, otherwise not affected by welfare reform, who will provide services such as child care or mentoring to families affected by welfare reform.

I certify that _____% of the residents to be served are affected by welfare reform, as defined above. **At least 51% of residents must be affected by welfare reform for your application to meet the threshold requirement of this NOFA.**

Signed this _____ day of _____, 2002.

By: _____
President of Resident Organization or other Authorized Representative

For: _____
Applicant Name

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Applicant: _____ **Date:** _____

- 7. Certification of Resident Council Board Election. You must submit certification of the Resident Organization board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

CERTIFICATION OF RESIDENT COUNCIL BOARD ELECTION

I CERTIFY that _____
(name of organization)

located in _____ has duly elected
(city & state)

all of the Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations, Part 964.

Date of Last Resident Council Board Election: _____

(Name and Title of Certifying Housing Agency Official)

(Signature) (Date)

(Name and Title of Independent Third-Party Monitor)

(Signature) (Date)

NOTARY (Signature & Date)

OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Chart A: RMBD Program Staffing

Applicant Name: _____

I. Applicant (RA or CWRO)				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant
II. CONTRACT ADMINISTRATOR				
Contract Administrator to be Solicited		Role in Grant Program		Estimated Cost to Grant Program
III. CONSULTANT(S)/TRAINERS/SVC. PROVIDERS/OTHER EXPERTS				
Consultants/Trainers to be Solicited		Role in Grant Program		Estimated Cost to Grant Program

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

Chart B: RMBD Applicant/Administrator Track Record
Applicant:

Program	Project No.	% of Term Complete	% of Funds Drawn Down	Major Goal #1	% Complete	Major Goal #2	% Complete

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

**ROSS FY 2002 FUNDING
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**CHART C
RMBD BUDGET LINE ITEM SUMMARY**

Applicant Name: _____ **Date:** _____

Please check the following as appropriate for your proposed program.

Resident Management and Business Development

_____ 1010	Physical Improvements
_____ 1020	Resident Business Development
_____ 1021	Develop Business Plan
_____ 1022	Conduct Market Analysis
_____ 1023	Licensing, Insurance Bonding
_____ 1024	Training Related to Resident Owned Business
_____ 1025	Establishment of Resident Managed Business Development
_____ 1026	Technical Assistance
_____ 1030	Resident Organization Development Activities
_____ 1031	Organize Community
_____ 1032	Operating Procedures
_____ 1033	Develop MOU
_____ 1034	Develop Plan for Technical Assistance
_____ 1035	Consultant Contracts
_____ 1036	Self Sufficiency Programs
_____ 1040	Resident Management
_____ 1041	Conduct Feasibility Study
_____ 1042	Secure Training/Skills/Expertise
_____ 1043	Develop MOU
_____ 1044	Secure T/A to Draft Contract
_____ 1045	Negotiate Contract with PHA
_____ 1046	Conduct Resident Training/Preparation
_____ 1050	Self Sufficiency Program
_____ 1051	Employment and Job Readiness
_____ 1052	Job Training
_____ 1053	Management Related Employment Training
_____ 1054	Vocational Training
_____ 1055	Technical Assistance
_____ 1060	Supportive Services
_____ 9100	Travel Costs
_____ 9200	Other Resident Costs (Stipends, Reimbursements)
_____ 9300	Contract Administrator
_____ 9400	Administrative and Other Costs

See Appendix X for Narrative Descriptions

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

Applicant:

Chart D: RMBD Budget Workplan Summary - Part I

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1010 Physical Improvements				
TOTAL: \$				
1020 Resident Business Dev.				
TOTAL: \$				
1021	Develop Business Plan			
1022	Conduct Market Analysis			
1023	Licensing, Insurance, Bonding			
1024	Training Related to Resident Owned Business			
1025	Establishment of Resident Managed Business Dev.			
1026	Technical Assistance			

OMB Approval No. 2577-0221

Chart D: RMBD Budget Workplan Summary – Part I (cont'd) Applicant:

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD		NON-RMBD/		ACTIVITY START/END DATES
		GRANT FUNDS	FUNDS	PARTNER FUNDS	FUNDS	
1030 Resident Org. Dev. Activities						
TOTAL: \$						
1031 Organize Community						
1032 Operating Procedures						
1033 Develop MOU						
1034 Develop Plan for Technical Assistance						
1035 Consultant Contracts						
1036 Self Sufficiency Programs						
1040 Resident Management						
TOTAL: \$						

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

Chart D: RMBD Budget Workplan Summary - Part I (cont'd) **Applicant:**

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
1041 Conduct Feasibility Study				
1042 Secure Training/Skills/Expertise				
1043 Develop MOU				
1044 Secure T/A to Draft Contract				
1045 Negotiate Contract with PHA				
1046 Conduct Resident Training/Preparation				
1050 Self Sufficiency Program				
TOTAL: \$				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

Chart D: RMBD Budget Workplan Summary - Part I (cont'd) **Applicant:**

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD	NON-RMBD/	ACTIVITY
		GRANT FUNDS	PARTNER FUNDS	
1051 Employment and Job Readiness				
1052 Job Training				
1053 Management Related Employment Training				
1054 Vocational Training				
1055 Technical Assistance				
1060 Supportive Services				
TOTAL: \$				
9100 Travel Costs				
TOTAL: \$				
9200 Other Resident Costs (Stipends, Reimbursements)				
TOTAL: \$				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

Chart D: RMBD Budget Workplan Summary - Part I (cont'd) **Applicant:**

BUDGET LINE ITEM For each bolded line item, enter total grant funds	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	RMBD GRANT FUNDS	NON-RMBD/ PARTNER FUNDS	ACTIVITY START/END DATES
9300 Contract Administrator				
TOTAL: \$				
9400 Admin. and Other Costs				
TOTAL: \$				

Chart D: RMBD Budget Workplan Summary - Part II

Please insert below the totals for each Summary Budget Line Item to be included in your grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	RMBD GRANT TOTAL
1010 Physical Improvements	\$
1020 Resident Business Development	\$
1030 Resident Organization Development Activities	\$
1040 Resident Management	\$
1050 Self Sufficiency Program	\$
1060 Supportive Services	\$
9100 Travel Costs	\$
9200 Other Resident Costs (Stipends, Reimbursements, etc.)	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
TOTAL of all RMBD Funds Requested	\$

OMB Approval No. 2577-0229

ROSS FY 2002 FUNDING
Certification of Consistency and Compliance with General SuperNOFA
Program Requirements

I CERTIFY that the proposed ROSS activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3)
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Act of 1975*, and section 109 of the *Housing and Community Development Act of 1974*.
8. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this _____ day of _____, 2002.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____

HUD-2002-ROSS (03/02)

RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

APPLICATION FOR FY 2002 FUNDING COVER SHEET

Funding Category (Check ONE):

- Resident Management and Business Development Capacity Building
- Resident Service Delivery Models – Family
- Resident Service Delivery Models –Elderly/Disabled
- Homeownership Supportive Services
- Neighborhood Networks
- Service Coordinators

Submitted By:

_____ (Applicant Name)

Contact Person:

Telephone: ()

Delivered To:

_____ (HUD Field Office)

Date:

PLEASE USE THIS PAGE AS COVER PAGE

ROSS FY 2002 FUNDING

FACT SHEET

Applicant Information

Applicant: _____

Applicant Type: ___PHA ___RA ___IRO ___NONPROFIT ___TRIBE/TDHE

HUD Region: _____ State: _____ HUD Field Office: _____

Contact

Name/Title _____

Street Address _____

City/State/Zip _____

Telephone No. () _____

Fax No. () _____

Assistance for which the applicant is applying:

- _____ Resident Management and Business Development
- _____ Capacity Building
- _____ Resident Service Delivery Models
- _____ Homeownership Supportive Services
- _____ Neighborhood Networks
- _____ Service Coordinator Renewal

Unit Count

_____ Total number of conventional public housing units under management**
(excluding any Section 8)

_____ Total number of family-occupied conventional public housing units.

_____ Total number of elderly/disabled-occupied conventional public housing units.

****Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

**ROSS FY 2002 FUNDING
FACT SHEET (continued)**

SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)

Name of Board Member	Title	Appointment	Term Date

Date of Last Board Election: _____

Does the organization have block captains? Yes___ No___

Does the organization have an operating committee? Yes___ No___

For any previous ROSS grants you have received, you must note the Fiscal Year, ROSS Category (RSDM, RMBD, etc.), and Award Amount.

**ROSS FY 2002 FUNDING
PROGRAM SUMMARY**

Applicant: _____ **Date:** _____

Applicant type: ___ PHA ___ RA ___ IRO ___ NONPROFIT ___ TRIBE/TDHE

Funding Category: _____

This narrative will be used for congressional notification and will serve as the official program summary.

A. Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

ROSS FY 2002 FUNDING**PROGRAM SUMMARY (continued)**

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____
Partner's Address		

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____
Partner's Address		

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____
Partner's Address		

Partner's Name	In-Kind/Cash Contribution	# Persons Served
_____	_____	_____
Partner's Address		

TOTAL	_____	_____
-------	-------	-------

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

ROSS FY 2002 FUNDING

CAPACITY BUILDING

APPLICATION CHECKLIST

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this _____ day of _____, 2002.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: _____

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

Cover Materials
(See Part II of this application kit for forms in this tab.)

- Table of Contents _____
- Application Checklist _____
- Application Cover Sheet _____
- Application for Federal Assistance
 (Standard Form SF-424) _____
- Federal Assistance Funding Matrix
 (Form HUD-424M) _____
- Budget Information —Non-Construction
 Programs (Standard Form SF-424A) _____
- Assurances—Non-Construction Programs
 (Standard Form SF-424B) _____
- ROSS Fact Sheet _____
- ROSS Program Summary _____
- Certification of Consistency and Compliance
 with General SuperNOFA Threshold
 Requirements _____

ROSS FY 2002 FUNDING

CAPACITY BUILDING

APPLICATION CHECKLIST (continued)

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
------------	-----------------------	-----------------

TAB 1: Threshold Requirements

- Threshold Checklist _____
- Proof of Applicant Nonprofit Status -- Copy of Certification of Incorporation or Good Standing from the State **or** Copy of IRS 501(c) designation (not for tribes/TDHEs) _____
- Match Agreements -- Not less than 25% of grant requested _____
- List of RAs to Receive Support and Letters of Support from RAs _____
- Certificate of Compliance with either 24 CFR Part 84 **or** Contract Administrator Signed Statement (not for tribes/TDHEs) _____
- MOU between Applicant and PHA/tribe/TDHE _____
- Accessible Community Facility -- Description or Executed Use Agreement _____

TAB 2: Program Description and Budget

- Needs Assessment Report _____
- Proposed Program Activities Description _____
- Experience and Staffing—Narrative _____
- Chart A: CB Program Staffing _____

ROSS FY 2002 FUNDING**CAPACITY BUILDING****APPLICATION CHECKLIST (continued)**

SUBMISSION	APPLICANT USE ONLY	HUD USE ONLY
<input type="checkbox"/> Resumes or Summary of Proposed Staff's Qualifications	_____	_____
<input type="checkbox"/> Chart B: Applicant Track Record	_____	_____
<input type="checkbox"/> Work Plan Summary	_____	_____
<input type="checkbox"/> Chart C: Summary Budget Line Items	_____	_____
<input type="checkbox"/> Chart D: Budget Workplan Summary, Parts I and II	_____	_____

TAB 3: Other Certifications and Assurances
(See Part VII of this Application Kit for all forms in this tab.)

<input type="checkbox"/> Certification for a Drug-Free Workplace (Form HUD-50070)	_____	_____
<input type="checkbox"/> Certification of Payments to Influence Federal Transactions (Form HUD-50071), and if applicable, Disclosure of Lobbying Activities (Form SF-LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A)	_____	_____
<input type="checkbox"/> Applicant/Recipient Disclosure/Update Report (Form HUD-2880)	_____	_____
<input type="checkbox"/> Certification Regarding Debarment and Suspension (Form HUD-2992)	_____	_____
<input type="checkbox"/> Acknowledgement of Application Receipt (Form HUD-2993)	_____	_____

**ROSS FY 2002 FUNDING
CAPACITY BUILDING**

THRESHOLD CHECKLIST

Applicant: _____ **Date:** _____

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See ROSS NOFA, Section VI (A) & (C) and General SuperNOFA Section II). *Note: Items marked with an * do not apply to tribes/TDHEs.*

THRESHOLD REQUIREMENT	APPLICANT USE ONLY	HUD USE ONLY
1. *Proof of Applicant Nonprofit Status -- Copy of Certification of Incorporation or Good Standing from the State or Copy of IRS 501(c) designation	_____	_____
2. Match Agreements—Not less than 25% of grant requested	_____	_____
3. List of RAs to Receive Support and Letters of Support from RAs	_____	_____
4. *Certificate of Compliance with either 24 CFR Part 84 or Contract Administrator Signed Statement	_____	_____
5. MOU between Applicant and PHA/tribe/TDHE	_____	_____
6. Accessible Community Facility – Description or Executed Use Agreement	_____	_____

**ROSS FY 2002 FUNDING
CAPACITY BUILDING**

Applicant: _____

Date: _____

THRESHOLD REQUIREMENTS

1. Focus on Residents Affected by Welfare Reform. This requirement is not applicable to your program if it serves the elderly or persons with disabilities. Your Family CB application must contain a certification (using the certification provided below) that at least 51% of residents to be included in your proposed program are affected by welfare reform.

**CB CERTIFICATION ON RESIDENTS AFFECTED
BY WELFARE REFORM**

I certify that a total of _____ people reside in the housing developments listed below, which are targeted for activities during the proposed CB grant.

This proposed CB grant will serve a total of _____ residents. Included in the recipients to be served are residents affected by welfare reform who are either:

(1) Currently eligible to receive, are currently receiving, or shall have received within the preceding 4 years assistance or services funded under Temporary Assistance for Needy Families (TANF), SSI, or Food Stamps.

(2) Elderly or disabled persons, otherwise not affected by welfare reform, who will provide services such as child care or mentoring to families affected by welfare reform.

I certify that _____% of residents to be served are affected by welfare reform, as defined above. **At least 51% of residents must be affected by welfare reform for your application to meet the threshold requirement of this NOFA.**

Signed this _____ day of _____, 2002.

By: _____
Applicant Executive Director or other Authorized Representative

For: _____
Applicant Name

OMB Approval No. 2577-0221

Chart A: CB PROGRAM STAFFING Applicant Name: _____

I. APPLICANT				
Name of Staff Person	Organization and Position	Role in Grant Program	Percent of Time on Grant	Cost to Grant
II. CONTRACTOR ROLE				
Type of Contractor to be Solicited	Role in Grant Program	Estimated Cost to Grant Program		

HUD-2002-ROSS (02/02)

4-39

OMB Approval No. 2577-0221

Chart B: CB Applicant Track Record
Applicant:

Program	Project Number	% of Term Complete	% of Funds Drawn Down	Major Goal #1	Percent Complete	Major Goal #2	Percent Complete

OMB Approval No. 2577-0221

CHART D: BUDGET WORK PLAN SUMMARY -PART I (Capacity Building) Applicant Name:

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB GRANT FUNDS	NON-CB PARTNER FUNDS	ACTIVITY START/END DATE
3000 Capacity Building Activities				
TOTAL: \$				
3010				
Training				
3011				
Consultants				
3012				
Other				
9100 Travel Costs				
TOTAL: \$				
9300 Contract Administrator				
TOTAL: \$				
9400 Administrative Costs				
TOTAL: \$				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

CHART D: BUDGET WORK PLAN SUMMARY -PART I (Capacity Building) Applicant Name:

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB GRANT FUNDS	NON-CB PARTNER FUNDS	ACTIVITY START/END DATE
3000 Capacity Building Activities TOTAL: \$				
3010 Training				
3011 Consultants				
3012 Other				
9100 Travel Costs TOTAL: \$				
9300 Contract Administrator TOTAL: \$				
9400 Administrative Costs TOTAL: \$				

HUD-2002-ROSS (02/02)

OMB Approval No. 2577-0221

CHART D: BUDGET WORK PLAN SUMMARY-PART I (Continued)

BUDGET LINE ITEM Include grant funding totals in each bolded line item.	ACTIVITIES (Identify lead agency: housing authority, contractor, subgrantee, etc)	CB GRANT FUNDS	NON-CB PARTNER FUNDS	ACTIVITY START/END DATE
9100 Travel Costs TOTAL: \$				
9300 Contract Admin. TOTAL: \$				
9400 Administrative Costs TOTAL: \$				

Chart D: CB Budget Work Plan Summary - Part II (Capacity Building)

Please insert below the totals for each Summary Budget Line Item to be included in your Capacity Building grant. These totals can be found in the far left column on Part I of the chart above.

SUMMARY BUDGET LINE ITEMS	CB GRANT TOTAL
3000 Capacity Building Activities	\$
9100 Travel Costs	\$
9300 Contract Administrator	\$
9400 Administrative and Other Costs	\$
TOTAL of all Capacity Building Funds Requested	\$

HUD-2002-ROSS (02/02)

ROSS FY 2002 FUNDING
Certification of Consistency and Compliance with General SuperNOFA
Program Requirements

I CERTIFY that the proposed ROSS activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Compliance with Fair Housing and Civil Rights laws.** Compliance with all Fair Housing and Civil Rights laws, statues, regulations, and Executive order as enumerated in 24 CFR 5.105(a). Federally recognized Indian tribes must comply with non-discrimination provisions in 24 CFR 1003.601.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
4. **Conducting Business In Accordance With Core Values and Ethical Standards.** Documentation of a written code of conduct as contained in 24 CFR 84.42 and 85.36(b)(3).
5. **Ensuring the Participation of Small Business, Small disadvantaged Businesses, and Women-Owned Businesses.** Compliance with 24 CFR 84.44(b) and 85.36(e) in contracting for purchasing of goods and services.
6. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
7. **Nondiscrimination.** *The Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Act of 1975*, and section 109 of the *Housing and Community Development Act of 1974*.
8. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this _____ day of _____, 2002.

By: _____
Applicant Chief Executive Officer or Other Authorized Representative

For: _____